2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90097 044 ****61.25

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DOCUMENT # N95000005951

1. Entity Name

BREAKERS POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1799 BREAKERS POINTE WAY WEST PALM BEACH FL 33411 US	ASSOCIATED PROPERTY MANAGEMENT SUITE 10. 400 S. DIXIE HWY LAKE WORTH FL 33460 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0635328 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~POIRIER, ISABELLA F~~ ~~1799 BREAKERS POINTE WAY~~ ~~WEST PALM BEACH FL 33411~~	Name ASSOCIATED PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 400 SOUTH DIXIE HWY., #10 City LAKE WORTH FL Zip Code 33460

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: _____ DATE 3/15/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P POIRIER, ISABELLA 1799 BREAKERS POINTE WAY WEST PALM BEACH FL 33411	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition PD Rdes, Richard 1757 Breakers Pointe Way WPB, FL 33411
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LUBIN, SYBIL 1854 BREAKERS POINTE WAY WEST PALM BEACH FL 33411	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition VD Kaplan, Colman 1784 Breakers Pointe Way WPB, FL 33411
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HARTMAN, WILLIAM 1924 BREAKERS POINTE WAY WEST PALM BEACH FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition D Hartman, William 1924 Breakers Pointe Way West Palm Beach, FL 33411
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WAYNIK, CYRIL 1756 BREAKERS POINTE WAY WEST PALM BEACH FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition SD Tunis, Lenard 1793 Breakers Pointe Way WPB, FL 33411
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lenard Tunis LENARD TUNIS 3/27/02 561-793-5242

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #