2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500005951

1. Entity Name

BREAKERS POINTE HOMEOWNERS ASSOCIATION, INC.



FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90202 004 ****61.25

Principal Place of Business 1799 BREAKERS POINTE WAY WEST PALM BEACH FL 33411 US		Mailing Address ASSOCIATED PROPERTY MANAGEMENT SUITE 10, 400 S. DIXIE HWY LAKE WORTH FL 33460 US			
2. Principal Place of Business		3. Mailing Address 1928 LAKE WORTH ROAD			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF	MAKING CHANGES .
City & State		City & State LAKE WORTH FL		4. FEI Number 65-0635328	Applied For Not Applicable
Zip	Country	Zip 33461	Country	5. Certificate of Status Desired	S8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Reg	istered Agent
			Name 4 ccor	CLATED PROPERTY MANA	ACEMENT
ASSOCIA	ATED PROPERTY MANAGEMENT	شراء سيعمين ويواني مساور			TACMENT
	JTH DIXIE HWY, #10	•	Street Address	s (P.O. Box Number is Not Acceptable)	
	ORTH FL 33460		192	18 LAKE WORTH ROAD	
Dut III	150 m 45		•	OFRE NORTH ROAD	
			•	KE WORTH	FL Zip Code 33461
8. The above	e named entity submits this statement fo	r the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florid	a. I am familiar with, and accept
the obliga	itions of registered agent				_ (
<u></u> ₹. €				\rightarrow 1	2010
SIGNATURE	Signature, typed or printed name of registered agent a	ANOTE SECTION AND AND AND AND AND AND AND AND AND AN	<u> </u>		DATE
7.1	Signature, typed or printed harde of registered agent a	and title if applicable. (NOTE	: Registered Agent signature requir	ed when reinstating)	DATE
1				[The state of the s
†	FILE NOW: FEE IS \$61.25		npaign Financing		Check Payable to
١,		Trust Fund C	ontribution.	Added to Fees Florida	Department of State
40	OFFICERS AND DIE	PECTODO	1 44	ADDITIONS (CHANGES TO OFFICERS	AND DIDECTORS IN 10
10.	OFFICERS AND DIF		11.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
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CITY-ST-ZIP			CITY-ST-ZIP	COM BEACH &	3 3341
	WEST PALM BEACH FL 33411		UNITEDITE WE	31 PAIM BEACH, P	No. During
TITLE	HARTMAN, WILLIAM	☐ Delete	TITLE S	\	Change Addition
NAME CIRCLI ADDRESS			111105	LITTLE CURTL	
STREET ADDRESS			NAME WA	YNICK CYRIL	E WAY
CITY_ST., 7IP	1924 BREAKERS POINTE WAY		NAME STREET ADDRESS CITY-ST-7IP	YNICK, CYRIL 56 BREAKERS POINT	E WAY 22 41
CITY-ST-ZIP	WEST PALM BEACH FL 33411		NAME STREET ADDRESS CITY-ST-ZIP	YNICK, CYRIL 56 BREAKERS POINTS ST PALM BEACH, F	E WAY 2L 33411
TITLE	WEST PALM BEACH FL 33411 TD	⊠ Delete <u>=</u> ~~	TITLE Section	YNICK, CYRIL 56 BREAKERS POINTS 51 PALM BEACH, F	E WAY Change Addition
TITLE NAME [WEST PALM BEACH FL 33411 TD WAYNIK, CYRIL	_ ⊠ Delete <u>a</u> ~e	NAME	YNICK, CYRIL 56 BREAKERS POINTS ST PALM BEACH, F	E WAY
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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 equired by Chaptel 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:

SIGNEWIEWIM PLOS

Ricmand C. Koles

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