

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90124 006 \*\*\*\*61.25

**DOCUMENT # 720000**  
 1. Entity Name  
**ISLAND BREAKERS - A CONDOMINIUM, INC.**

*LA*

Principal Place of Business      Mailing Address  
**150 OCEAN LANE DRIVE**      **150 OCEAN LANE DRIVE**  
**KEY BISCAIYNE FL 33149**      **KEY BISCAIYNE FL 33149**

ADD76545



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 **59-1312689**      Applied For  
 Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**JANOFKY, JUDY**  
**150 OCEAN LANE DRIVE**  
**KEY BISCAIYNE FL 33149**

7. Name and Address of New Registered Agent  
 Name **CHILTON HARPER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**150 OCEAN LANE DRIVE**  
 City **KEY BISCAIYNE**      **FL**      Zip Code **33149**

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 *CH* **CHILTON HARPER**      **July 5, 2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CORTINEZ, DOMINGO</b> <b>150 OCEAN LANE DR.</b> <b>KEY BISCAIYNE FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RECKNOR, TERRI LYNN</b> <b>150 OCEAN LANE DRIVE</b> <b>KEY-BISCAIYNE FL 33149</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>CONSUEGRA, MIRIAM</b> <b>150 OCEAN LANE DRIVE</b> <b>KEY BISCAIYNE FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>PRIDGEON, ALEIDA</b> <b>150 OCEAN LANE DRIVE</b> <b>KEY BISCAIYNE FL 33149</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SILVA, IGNATIO</b> <b>150 OCEAN LANE DRIVE</b> <b>KEY BISCAIYNE FL</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SALDARRIGIA, ANGELA</b> <b>150 OCEAN LANE DRIVE</b> <b>KEY BISCAIYNE FL</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CHILTON HARPER</b> <b>150 OCEAN LANE DRIVE</b> <b>KEY BISCAIYNE, FL 33149</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>ALEIDA PRIDGEN</b> <b>150 OCEAN LANE DRIVE</b> <b>KEY BISCAIYNE, FL 33149</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>JOSEPHINA PESANT</b> <b>150 OCEAN LANE DRIVE</b> <b>KEY BISCAIYNE, FL 33149</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>HILARIO ROJAS</b> <b>150 OCEAN LANE DRIVE</b> <b>KEY BISCAIYNE, FL 33149</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE OF CHILTON HARPER**      **July 5, 2001**      **305-361-9104**

CR2E037 (5/01)