

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90097 035 \*\*\*\*61.25

0024253

**DOCUMENT # 720000**

1. Entity Name

**ISLAND BREAKERS - A CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

150 OCEAN LANE DRIVE  
 KEY BISCAIYNE FL 33149

150 OCEAN LANE DRIVE  
 KEY BISCAIYNE FL 33149

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARPER, CHILTON**  
**150 OCEAN LANE DRIVE**  
**KEY BISCAIYNE FL 33149**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registrant. Do not use 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	PD	<input type="checkbox"/> Delete
NAME	HARPER, CHILTON	
STREET ADDRESS	150 OCEAN LANE DR.	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RECKNOR, TERRI LYNN	
STREET ADDRESS	150 OCEAN LANE DRIVE	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PRIDGEON, ALEIDA	
STREET ADDRESS	150 OCEAN LANE DRIVE	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PESANT, JOSEPHINA	
STREET ADDRESS	150 OCEAN LANE DRIVE	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROJAS, HILARIO	
STREET ADDRESS	150 OCEAN LANE DRIVE	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SALDARRIGIA, ANGELA	
STREET ADDRESS	150 OCEAN LANE DRIVE	
CITY-ST-ZIP	KEY BISCAIYNE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jean Lardon	
STREET ADDRESS	150 Ocean Lane Drive - 3G	
CITY-ST-ZIP	Key Biscayne, Fl 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Javier Mesa	
STREET ADDRESS	150 Ocean Lane Drive - 10C	
CITY-ST-ZIP	Key Biscayne, Fl 33149	

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]* **SIGNATURE RECKNOR & HARPER** . *2/4/02* 305-361-9104

CR2E037 (9/01)