


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90162 018 ****61.25

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

Principal Place of Business C/O 150 OCEAN LANE DRIVE KEY BISCAYNE, FL 33149	Mailing Address C/O 150 OCEAN LANE DRIVE KEY BISCAYNE, FL 33149
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01122006	Chg-NP	CR2E037 (11/05)
4. FEI Number 59-1312689	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAGER, MARCIA 150 OCEAN LANE DR #10E KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LARDON, JEAN 150 OCEAN LANE DRIVE 3G KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PRIDGEON, ALEIDA 150 OCEAN LANE DRIVE, #3B KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REGIL, ALVARO 150 OCEAN LANE DRIVE #4H KEY BISCAYNE, FL 33149 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HERNANDEZ, MARLENE 105 OCEAN LANE DRIVE, #5F KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CONSUEGRA, JORGE 150 OCEAN LANE DRIVE #2E KEY BISCAYNE, FL 33149 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D GAGER, MARCIA 150 OCEAN LANE DR #10E Key Biscayne, FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Lardon, JEAN 150 Ocean Lane Dr. 3G Key Biscayne, FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Pridgen, Aleida 150 Ocean Lane Dr. #3B Key Biscayne, FL 33149 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Villa, Patricia 150 Ocean Lane Dr Key Biscayne, FL 33149 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Hernandez, Marlene 150 Ocean Lane Dr #5F Key Biscayne, FL 33149 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Consuegra, Jorge 150 Ocean Lane Drive #2E Key Biscayne FL 33149 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jorge Consuegra 2/24/06

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