

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720000

FILED
Feb 10, 2009
Secretary of State

Entity Name: ISLAND BREAKERS - A CONDOMINIUM, INC.

Current Principal Place of Business:

C/O 150 OCEAN LANE DRIVE
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

C/O PROPERTY MANAGEMENT SERVICES
8299 CORAL WAY
MIAMI, FL 33155

New Mailing Address:

FEI Number: 59-1312689 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: HYDE, JANE
Address: 150 OCEAN LN DR SH
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TD () Delete
Name: LARDON, JEAN
Address: 150 OCEAN LANE DRIVE 3G
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VPD () Delete
Name: PRIDGEN, ALERDA
Address: 150 OCEAN LANE DRIVE, #3B
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: VILLA, PATRICIA
Address: 7761 WOODREST RD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: HERNANDEZ, MARLENE
Address: 105 OCEAN LANE DRIVE, #5F
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ORTIZ, CARLOS
Address: 105 OCEAN LANE DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN LARDON

TD

02/10/2009

Electronic Signature of Signing Officer or Director

_____ Date