

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90817 009 \*\*\*\*61.25

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

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
c/o 150 Ocean Lane Drive  
Suite, Apt. #, etc.

3. Mailing Address  
c/o 150 Ocean Lane Drive  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Key Biscayne, FL

City & State  
Key Biscayne, FL

4. FEI Number  
591312689

Applied For  
Not Applicable

Zip  
33149

Country  
USA

Zip  
33149

Country  
USA

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
SKRLD, INC.

Street Address (P.O. Box Number is Not Acceptable)  
201 ALHAMBRA CIRCLE  
SUITE 1102

City  
CORAL GABLES, FL

Zip Code  
33134

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 SKRLD, INC. BY: *Lisa Lerner* LISA LERNER, SEC. 4/15/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

10. **FEE IS \$61.25 Initial or Amended UBR**

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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SEE ATTACHED SHEET |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                    |

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Sean Landon* April 23, 2003 305-365-9064

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

CR2E037B (12/01)

Attachment

80102342

\*720000

- PD Jean Lardon  
150 Ocean Lane Drive, # 3G  
Key Biscayne, FL 33149
- VPD Aleida Pridgen  
150 Ocean Lane Drive, # 3B  
Key Biscayne, FL 33149
- SD Anthony Prinzi  
150 Ocean Lane Drive, # 9E  
Key Biscayne, FL 33149
- TD Marlene Hernandez  
150 Ocean Lane Drive, # 5F  
Key Biscayne, FL 33149
- D Lilian DeNigro  
150 Ocean Lane Drive, # 6D  
Key Biscayne, FL 33149
- D Javier Mesa  
150 Ocean Lane Drive, # 10C  
Key Biscayne, FL 33149
- D Josie Pesant  
150 Ocean Lane Drive, # 6E  
Key Biscayne, FL 33149