

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 720000

**Entity Name:** ISLAND BREAKERS - A CONDOMINIUM, INC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

C/O TRIZEL CRE  
2460 SW 22ND ST. 1ST FLOOR  
MIAMI, FL 33145 US

**FEI Number:** 59-1312689

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PESANT, JOSEFINA  
Address        150 OCEAN LN DR #6E  
City-State-Zip: KEY BISCAVNE FL 33149

Title            VP  
Name            PRIDGEN, ALEIDA  
Address        150 OCEAN LANE DRIVE #3B  
City-State-Zip: KEY BISCAVNE FL 33149

Title            TREASURER  
Name            ROJAS, HILARIO  
Address        105 OCEAN LANE DRIVE, #7H  
City-State-Zip: KEY BISCAVNE FL 33149

Title            DIRECTOR  
Name            HERNANDEZ, MARLENE  
Address        150 OCEAN LANE DR #5F  
City-State-Zip: KEY BISCAVNE FL 33149

Title            DIRECTOR  
Name            VALLE, MARIA TERESA  
Address        150 OCEAN DRIVE #9G  
City-State-Zip: KEY BISCAVNE FL 33149

Title            DIRECTOR  
Name            CONTERNO, GUIDO  
Address        150 OCEAN DRIVE #3C  
City-State-Zip: KEY BISCAVNE FL 33149

Title            SECRETARY  
Name            PEDRAZA, JORGE  
Address        150 OCEAN LANE DR #3D  
City-State-Zip: KEY BISCAVNE FL 33149

*I hereby 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 all other like empowered.*

**SIGNATURE:** JOSEFINA PESANT

P

06/29/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date