

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 720000

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

**Current Principal Place of Business:**

150 OCEAN LANE DRIVE  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

150 OCEAN LANE DRIVE  
KEY BISCAYNE, FL 33149 US

**FEI Number:** 59-1312689

**Certificate of Status Desired:** No

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

DAVID IGLESIAS. ESQ.  
15800 PINES BLVD, SUITE 303  
PEMBROKE PINES,, FL 33027 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:** DAVID IGLESIAS, ESQ

02/15/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ARNESE, IDA  
Address        150 OCEAN LANE DR  
                  5H  
City-State-Zip: KEY BISCAYNE FL 33149

Title            VP  
Name            ARENCIBIA, LUIS  
Address        150 OCEAN LANE DR  
                  6C  
City-State-Zip: KEY BISCAYNE FL 33149

Title            SECRETARY  
Name            ZEIK-CHIVI, LOURDES  
Address        150 OCEAN LANE DR  
                  7A  
City-State-Zip: KEY BISCAYNE FL 33149

Title            DIRECTOR  
Name            KANETI, NISSIM  
Address        150 OCEAN LANE DRIVE  
                  ADMINISTRATION OFFICE  
City-State-Zip: KEY BISCAYNE FL 33149

Title            MANAGER  
Name            FORNES, MONICA  
Address        150 OCEAN LANE DRIVE  
                  ADMINISTRATION OFFICE  
City-State-Zip: KEY BISCAYNE FL 33149

Title            TREASURER  
Name            ROBERTSON, ANDREA  
Address        150 OCEAN LANE DRIVE  
                  3E  
City-State-Zip: KEY BISCAYNE 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:** MONICA FORNES

MANAGER

02/15/2024

Electronic Signature of Signing Officer/Director Detail

Date