

**2022 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:

C/O SOUTH FLORIDA CONDOMINIUM MANAGEMENT, INC
2800 BISCAYNE BLVD SUITE 310
MIAMI, FL 33187 US

FEI Number: 59-1312689

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOUTH FLORIDA CONDOMINIUM MANAGEMENT, INC.
2800 BISCAYNE BLVD
SUITE 310
MIAMI, FL 33137 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: DAN WOODRUFF

09/09/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name ESPINO, MONICA
Address C/O SOUTH FLORIDA CONDOMINIUM
 MANAGEMENT, INC.
 2800 BISCAYNE BLVD SUITE 310
City-State-Zip: MIAMI FL 33137

Title VP
Name ARNESE, IDA
Address C/O SOUTH FLORIDA CONDOMINIUM
 MANAGEMENT, INC.
 2800 BISCAYNE BLVD SUITE 310
City-State-Zip: MIAMI FL 33137

Title TREASURER
Name ARENCIBIA, LUIS
Address C/O SOUTH FLORIDA CONDOMINIUM
 MANAGEMENT, INC.
 2800 BISCAYNE BLVD SUITE 310
City-State-Zip: MIAMI FL 33137

Title DIRECTOR
Name HOLLOWAY, ALEXA
Address C/O SOUTH FLORIDA CONDOMINIUM
 MANAGEMENT, INC.
 2800 BISCAYNE BLVD SUITE 310
City-State-Zip: MIAMI FL 33137

Title SECRETARY
Name ZEIK-CHIVI, LOURDES
Address C/O SOUTH FLORIDA CONDOMINIUM
 MANAGEMENT, INC.
 2800 BISCAYNE BLVD SUITE 310
City-State-Zip: MIAMI FL 33137

Title DIRECTOR
Name VALLE, MARIA TERESA
Address C/O SOUTH FLORIDA CONDOMINIUM
 MANAGEMENT, INC.
 2800 BISCAYNE BLVD SUITE 1310
City-State-Zip: MIAMI FL 33137

Title DIRECTOR
Name FORNELL, KAITLIN
Address C/O SOUTH FLORIDA CONDOMINIUM
 MANAGEMENT, INC.
 2800 BISCAYNE BLVD STE 310
City-State-Zip: MIAMI FL 33137

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 ESPINO

PRESIDENT

09/09/2022

