

2024 FLORIDA NOT FOR PROFIT CORPORATION 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:** Yes**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

02/09/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	ESPINO, MONICA
Address	150 OCEAN LANE DR 4A
City-State-Zip:	KEY BISCAYNE FL 33149

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

Title	TREASURER
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

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**

02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date