

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

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06/29/2016

Electronic Signature of Signing Officer/Director Detail

Date