

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720000

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

C/O ALLIED PROPERTY GROUP, INC.  
12350 SW 132ND COURT, SUITE 114  
MIAMI, FL 33186 US

**FEI Number:** 59-1312689

**Certificate of Status Desired:** No

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

IGLESIAS LAW GROUP  
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.

05/18/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PESANT, JOSEFINA  
Address        12350 SW 132 CT #114  
City-State-Zip: MIAMI FL 33186

Title            VP  
Name            GEORGE, QUINTIN  
Address        12350 SW 132 CT #114  
City-State-Zip: MIAMI FL 33186

Title            TREASURER  
Name            HERNANDEZ, MARLENE  
Address        12350 SW 132 CT #114  
City-State-Zip: MIAMI FL 33186

Title            DIRECTOR  
Name            FERREYROS, PALOMA  
Address        12350 SW 132 CT #114  
City-State-Zip: MIAMI FL 33186

Title            DIRECTOR  
Name            EBERLY, GREGOR  
Address        12350 SW 132 CT #114  
City-State-Zip: MIAMI FL 33186

Title            SECRETARY  
Name            YUBERO, JUAN CARLOS  
Address        12350 SW 132 CT #114  
City-State-Zip: MIAMI FL 33186

Title            D  
Name            ZEIK-CHIVI, LOURDES  
Address        12350 SW 132 CT #114  
City-State-Zip: MIAMI FL 33186

*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:** PESANT , JOSEFINA

PRESIDENT

05/18/2021

Electronic Signature of Signing Officer/Director Detail

Date