

2013 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 THE SHELTON MANAGEMENT GROUP, INC.
P. O. BOX 14-1857
CORAL GABLES, FL 33114 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 VP
Name PRIDGEN, ALEIDA
Address 150 OCEAN LN DR 3B
City-State-Zip: KEY BISCAVNE FL 33149

Title PRESIDENT
Name LOMENICK, DOROTHY
Address 150 OCEAN LANE DRIVE
City-State-Zip: KEY BISCAVNE FL 33149

Title TREASURER
Name HERNANDEZ, MARLENE
Address 105 OCEAN LANE DRIVE 5F
City-State-Zip: KEY BISCAVNE FL 33149

Title DIRECTOR
Name ROJAS, HILARIO
Address 105 OCEAN LANE DRIVE, #7H
City-State-Zip: KEY BISCAVNE FL 33149

Title SD
Name VAZQUEZ-LUHN, INGRID
Address 150 OCEAN LANE DR 10C
City-State-Zip: KEY BISCAVNE FL 33149

Title DIRECTOR
Name NEESON, TOM
Address 150 OCEAN DRIVE
City-State-Zip: KEY BISCAVNE FL 33149

Title SECRETARY
Name BATTEUX, MARIE
Address 150 OCEAN DRIVE
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: HILARIO ROJAS

DIRECTOR

08/28/2013

Electronic Signature of Signing Officer/Director Detail

Date