

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742926

**Entity Name:** THE BREAKERS ASSOCIATION, INC.

**Current Principal Place of Business:**

ASSOCIATION MANAGEMENT OF PONTE VEDRA  
3108 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

ASSOCIATION MANAGEMENT OF PONTE VEDRA  
3108 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH, FL 32082

**FEI Number:** 59-1869681

**Certificate of Status Desired:** No

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

CONNOLLY, C. P.  
ASSOCIATION MANAGMENT OF PONTE VEDRA  
3108 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA BEACH, FL 32082 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 D  
Name HEAD, LESLIE  
Address 7145 BALMORAL CT.  
City-State-Zip: CUMMINGS GA 30041

Title D  
Name LANIGAN, JOHN  
Address 489 ARDEN AT ARGONNE N.W.  
City-State-Zip: ATLANTA GA 30305

Title DS  
Name JOAN, SITES  
Address 860 FAIRFIELD RD NW  
City-State-Zip: ATLANTA GA 30327

Title DVPT  
Name JORDAN, HENRIETTA  
Address 3203 W. ANDREWS DRIVE N.W.  
City-State-Zip: ATLANTA GA 30305

Title PD  
Name VITSKY, BARBARA  
Address 3605 HOLLY GROVE AVE.  
City-State-Zip: JACKSONVILLE FL 32217

*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:** BARBARA VITSKY

**PRESIDENT**

**04/09/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date