

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000011162

**Entity Name:** BRECKENRIDGE BEACH VILLAS CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Apr 13, 2015**  
**Secretary of State**  
**CC8077943839**

**Current Principal Place of Business:**

5500 GULF BOULEVARD  
ST. PETE BEACH, FL 33706

**Current Mailing Address:**

5500 GULF BOULEVARD  
ST. PETE BEACH, FL 33706

**FEI Number: 46-1521517**

**Certificate of Status Desired: No**

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

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE  
SUITE A  
TALLAHASSEE, FL 32301 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/P  
Name BOGOTT, TIMOTHY R  
Address 5600 GULF BOULEVARD  
City-State-Zip: ST. PETE BEACH FL 33706

Title D  
Name VASO, ELDA  
Address 5600 GULF BOULEVARD  
City-State-Zip: ST. PETE BEACH FL 33706

Title S/T  
Name VASO, ELDA  
Address 5600 GULF BOULEVARD  
City-State-Zip: ST. PETE BEACH FL 33706

Title D/VP  
Name BYRD, GARY  
Address 4960 CONFERENCE WAY NORTH,  
SUITE 100  
City-State-Zip: BOCA RATON FL 33431

*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: TIMOTHY R BOGOTT**

**PRESIDENT**

**04/13/2015**

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

\_\_\_\_\_  
Date