

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14531

**Entity Name:** BREAKAWAY TRAILS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

16 BREAKAWAY TRAIL  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080 US

**FEI Number: 59-2772963**

**Certificate of Status Desired: No**

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

MAY MANAGEMENT SERVICES, INC.  
5455 A1A SOUTH  
ST. AUGUSTINE, FL 32080 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 P  
Name WEITE, BETTY  
Address 16 BREAKAWAY TRAILS  
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR  
Name WOLFF, BOB  
Address 16 BREAKAWAY TRAILS  
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR  
Name SAVAGE, STEVE  
Address 16 BREAKAWAY TRAILS  
City-State-Zip: ORMOND BEACH FL 32174

Title SECRETARY, TREASURER  
Name BREWER, NORRIS  
Address 16 BREAKAWAY TRAILS  
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR  
Name WIGLEY, DOUG  
Address 16 BREAKAWAY TRAILS  
City-State-Zip: ORMOND BEACH FL 32174

Title VP  
Name CORONEOS, TAS  
Address 16 BREAKAWAY TRAILS  
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR  
Name ROBERTS, RON  
Address 16 BREAKAWAY TRAILS  
City-State-Zip: ORMOND BEACH FL 32174

*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: BETTY WEITE**

**PRESIDENT**

**03/01/2018**

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

\_\_\_\_\_  
Date