

**2017 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	SAVAGE, STEVE
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	DIRECTOR
Name	WOLFF, BOB
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	VP
Name	CORONEOS, TAS
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****04/08/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date