

2020 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 DIRECTOR
Name WEITE, BETTY
Address 16 BREAKAWAY TRAILS
City-State-Zip: ORMOND BEACH FL 32174

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

Title DIRECTOR
Name BRUNO, STEVEN J
Address 16 BREAKAWAY TRAILS
City-State-Zip: ORMOND BEACH FL 32174

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

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

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

Title PRESIDENT
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: BRIAN SEEBER**VICE PRESIDENT****03/25/2020**

Electronic Signature of Signing Officer/Director Detail

Date