

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14531

FILED
Apr 21, 2015
Secretary of State
CC9726526194

Entity Name: BREAKAWAY TRAILS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

16 BREAKAWAY TRAIL
ORMOND BEACH, FL 32174

Current Mailing Address:

PO BOX 352963
PALM COAST, FL 32135 US

FEI Number: 59-2772963

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, HOOD, BIGMAN
444 SEABREEZE BLVD
DAYTONA BEACH, FL 32118 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 WADRO, CHARLES
Address 24 BROOK CREST WAY
City-State-Zip: ORMOND BEACH FL 32174

Title P
Name WEITE, BETTY
Address 10 CURVED CREEK WAY
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name MCCARTHY, JOHN
Address 5 NOBLE WOODS WAY
City-State-Zip: ORMOND BEACH FL 32174

Title VP
Name SAVAGE, STEVE
Address 23 BROOK CREST WAY
City-State-Zip: ORMOND BEACH FL 32174

Title TREASURER
Name BERNSTEIN, PAUL
Address 27 DEEP WOODS WAY
City-State-Zip: ORMOND BEACH FL 32174

Title SECRETARY
Name BREWER, NORRIS
Address 4 SILVERLAKE WAY
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name WIGLEY, DOUG
Address 37 FOREST WAY
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: JOHN MCCARTHY

DIRECTOR

04/21/2015

Electronic Signature of Signing Officer/Director Detail

Date