2019 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	Title	DIRECTOR
Name	WEITE, BETTY	Name	BERNSTEIN, PAUL
Address	16 BREAKAWAY TRAILS	Address	16 BREAKAWAY TRAILS
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	ORMOND BEACH FL 32174
Title	SECRETARY, TREASURER	Title	DIRECTOR
Name	SEEBER, BRIAN	Name	BREWER, NORRIS
Address	16 BREAKAWAY TRAILS	Address	16 BREAKAWAY TRAILS
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	ORMOND BEACH FL 32174
Title	DIRECTOR	Title	VP
Name	WIGLEY, DOUG	Name	CORONEOS, TAS
Address	16 BREAKAWAY TRAILS	Address	16 BREAKAWAY TRAILS
City-State-Zip:	ORMOND BEACH FL 32174	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   03/14/2019

Electronic Signature of Signing Officer/Director Detail   Date