## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005951

Entity Name: BREAKERS POINTE HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 02, 2014
Secretary of State
CC4758972077

## **Current Principal Place of Business:**

1785 BREAKERS POINTE WAY WEST PALM BEACH, FL 33411

## **Current Mailing Address:**

FIRSTSERVICE RESIDENTIAL 3461-B FAIRLANE FARMS RD WELLINGTON, FL 33414 US

FEI Number: 65-0635328 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

LADWIG, PATTI HEIDLER PA 12765 W FOREST HILL BLVD #1312 WELLINGTON, FL 33414 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:

Officer/Director Detail:

Title PD Title VD

Electronic Signature of Registered Agent

Name GARFINKEL, LARRY Name BRUNDAGE, BIRDIE

Address 1785 BREAKERS POINTE WAY Address 1728 BREAKERS POINTE WAY
City-State-Zip: WEST PALM BEACH FL 33411 City-State-Zip: WEST PALM BEACH FL 33411

Title SD Title D

Name MAEROV, ARNOLD S Name CONROY, EUGENE

Address 1770 BREAKERS POINTE WAY Address 1896 BREAKERS POINTE WAY
City-State-Zip: WEST PALM BEACH FL 33411 City-State-Zip: WEST PALM BEACH FL 33411

Title TD

Name WELLS, W WHITFIELD

Address 1841 BREAKERS POINTE WAY
City-State-Zip: WEST PALM BEACH FL 33411

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: LARRY GARFINKEL

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

04/02/2014

Date