### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005951

Entity Name: BREAKERS POINTE HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 25, 2024
Secretary of State
5530902890CC

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

C/O WILSON MANAGEMENT 1300 NW 17TH AVE SUITE 270 DELRAY BEACH, FL 33445

# **Current Mailing Address:**

C/O WILSON LANDSCAPING & MANAGEMENT CORP. 1300 NW 17TH AVE. SUITE 270 DELRAY BEACH, FL 33445 US

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

### Name and Address of Current Registered Agent:

SELZ, STEVEN SELZ & MUVDI SELZ, PA 500 UNIVERSITY BLVD. SUITE 100 JUPITER, FL 33458 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: STEVEN SELZ 03/25/2024

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

Title MANAGER Title VICE-PRESIDENT, SECRETARY

Name GARFINKEL, LARRY Name MAEROV, ARNOLD S

Address C/O WILSON MANAGEMENT Address C/O WILSON MANAGEMENT

1300 NW 17TH AVE SUITE 270 1300 NW 17TH AVE SUITE 270

City-State-Zip: DELRAY BEACH FL 33445 City-State-Zip: DELRAY BEACH FL 33445

Title PRESIDENT Title DIRECTOR

Name WELLS, WHITFIELD Name ORSENIGO, PAUL

Address C/O WILSON MANAGEMENT Address C/O WILSON MANAGEMENT

1300 NW 17TH AVE SUITE 270 1300 NW 17TH AVE SUITE 270

City-State-Zip: DELRAY BEACH FL 33445 City-State-Zip: DELRAY BEACH FL 33445

Title TREASURER Title DIRECTOR

Name PEACE, MATTHEW Name FISHER, TOBEY

Address C/O WILSON MANAGEMENT Address C/O WILSON MANAGEMENT

1300 NW 17TH AVE SUITE 270 1300 NW 17TH AVE SUITE 270

City-State-Zip: DELRAY BEACH FL 33445 City-State-Zip: DELRAY BEACH FL 33445

Electronic Signature of Signing Officer/Director Detail

**MANAGER** 

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.