

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 140184

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** THE BREAKERS PALM BEACH, INC.

**Current Principal Place of Business:**

THE BREAKERS HOTEL  
ONE SOUTH COUNTY ROAD  
PALM BEACH, FL 33480 US

**New Principal Place of Business:**

**Current Mailing Address:**

THE BREAKERS HOTEL  
ONE SOUTH COUNTY ROAD  
PALM BEACH, FL 33480 US

**New Mailing Address:**

**FEI Number:** 59-0246320      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRESSLY, P. KRISTEN  
LEGAL  
40 COCOANUT ROW  
PALM BEACH, FL 33480 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: C  
Name: KENAN, JAMES G III  
Address: 4137 RUSSELL CAVE ROAD  
City-St-Zip: LEXINGTON, KY 40511

Title: VPAS  
Name: CHANDRA, ATESH  
Address: 701 SOUTH OLIVE AVENUE #1523  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VPT  
Name: GILMURRAY, ALEX P  
Address: 17278 GULF PINE CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: P  
Name: LEONE, PAUL N  
Address: ONE SOUTH COUNTY RD  
City-St-Zip: PALM BEACH, FL 33480

Title: VP  
Name: BURKE, DAVID  
Address: 2770 TECUMSEH DR  
City-St-Zip: WEST PALM BEACH, FL 33409

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL N. LEONE

P

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date