

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 140184

FILED
Jan 30, 2012
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

01/30/2012

Electronic Signature of Signing Officer or Director

_____ Date