

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 303308

FILED
Jan 08, 2009
Secretary of State

Entity Name: FLORIDA EAST COAST HOTEL COMPANY

Current Principal Place of Business:

THE BREAKERS PALM BEACH INC
ONE S COUNTY RD
PALM BEACH, FL 33480 US

New Principal Place of Business:

THE BREAKERS PALM BEACH, INC
1 SOUTH COUNTY RD
PALM BEACH, FL 33480 US

Current Mailing Address:

THE BREAKERS HOTEL, ONE SO. COUNTY RD.
PALM BEACH, FL 33480 US

New Mailing Address:

THE BREAKERS PALM BEACH, INC
1 SOUTH COUNTY RD
PALM BEACH, FL 33480 US

FEI Number: 26-0303308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

01/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: KENAN, JAMES G. III,
Address: 212 BARROW ROAD
City-St-Zip: LEXINGTON, KY

Title: ST () Delete
Name: GILMURRAY, ALEX
Address: 17278 GULF PINE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33414

Title: P () Delete
Name: LEONE, PAUL N
Address: ONE S COUNTY RD
City-St-Zip: PALM BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: KENAN, JAMES G. III,
Address: 212 BARROW ROAD
City-St-Zip: LEXINGTON, KY 40502

Title: ST (X) Change () Addition
Name: GILMURRAY, ALEX
Address: 17278 GULF PINE CIRCLE
City-St-Zip: WELLINGTON, FL 33414

Title: P (X) Change () Addition
Name: LEONE, PAUL N
Address: ONE S COUNTY RD
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PAUL N. LEONE

P

01/08/2009

Electronic Signature of Signing Officer or Director

Date