

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707419

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: BREAKERS CONDOMINIUM, INC.

**Current Principal Place of Business:**

710 NORTH OCEAN BOULEVARD  
POMPANO BEACH, FL 330624601 US

**New Principal Place of Business:**

**Current Mailing Address:**

710 NORTH OCEAN BOULEVARD  
POMPANO BEACH, FL 330624601

**New Mailing Address:**

FEI Number: 59-1140485      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SHIRK, ELIZABETH  
710 NORTH OCEAN BLVD  
APT 1207  
POMPANO BEACH, FL 33062 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: T ( ) Delete  
Name: ADERHOLT, MICHAEL  
Address: 710 N OCEAN BLVD APT 604  
City-St-Zip: POMPANO BEACH, FL 33062

Title: P ( ) Delete  
Name: ROWE, G. JANEL  
Address: 710 N OCEAN BLVD #602  
City-St-Zip: POMPANO BEACH, FL 33062

Title: P ( ) Delete  
Name: SHIRK, ELIZABETH  
Address: 710 N OCEAN BLVD, APT 1207  
City-St-Zip: POMPANO BEACH, FL 33062

Title: V ( ) Delete  
Name: HOLLANDSWORTH, BARBARA  
Address: 710 N. OCEAN BLVD #402  
City-St-Zip: POMPANO BEACH, FL 33062

Title: G ( ) Delete  
Name: CHERRY, G. HEIDI  
Address: 710 N OCEAN BLVD APT 802  
City-St-Zip: POMPANO BEACH, FL 33062

Title: V ( ) Delete  
Name: BIELER, ARTHUR  
Address: 710 N OCEAN BLVD, APT 110  
City-St-Zip: POMPANO BEACH, FL 33062

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: STANO, LOUISA  
Address: 710 N OCEAN BLVD #1102  
City-St-Zip: POMPANO BEACH, FL 33062

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: ELIZABETH SHIRK

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date