


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90182 027 ****61.25

DOCUMENT # 715629 1. Entity Name THE BREAKERS OF NAPLES, INC.					
Principal Place of Business 2875 GULF SHORE BLVD. NORTH NAPLES FL 34103			Mailing Address 2875 GULF SHORE BLVD. NORTH NAPLES FL 34103		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1308429 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FAIRBANKS, DONALD R 2875 GULF SHORE BLVD., N. APT A-203 NAPLES FL 34103			Name STAHL, DAVID Street Address (P.O. Box Number is Not Acceptable) 2875 GULF SHORE BLVD., N City APT A-303 NAPLES FL Zip Code 34103		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>David E. Stahl</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>			SIGNATURE <i>DAVID E. STAHL</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD FAIRBANKS, DONALD R 2875 GSBN NAPLES FL 34103 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD STAHL, DAVID 2875 GSBN NAPLES, FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	SVD STAHL, CAROLYN 2875 GULF SHORE BLVD N. NAPLES FL 34103 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	SD CAPOLINO, KELLY 2875 GULF SHORE BLVD., N NAPLES, FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD SCHUTZ, ROBERT 2875 GULF SHORE BLVD. N. NAPLES FL 34103 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TVD JENSEN, BEVERLY 2875 GULF SHORE BLVD N NAPLES FL 34103 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD DEKRUYSER, ARTHUR 2875 GULF SHORE BLVD. N. NAPLES FL 34103 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD PECARO, BRUCE 2875 GULF SHORE BLVD N. NAPLES FL 34103 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD SCHUMANN, WILLIAM 2875 GULF SHORE BLVD., N NAPLES, FL 34103 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>David E. Stahl</i> <i>DAVID E. STAHL</i> 4-15-05 443-223-0109 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					