


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2007 8:00 am
Secretary of State

07-27-2007 90006 017 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1308429	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STAIL, DAVID 2875 GULF SHORE BLVD., N. APT A-203 NAPLES, FL 34103				Name Jerry Aldridge Street Address (P.O. Box Number is Not Acceptable) 2875 Gulf Shore Blvd. N City 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 <u><i>Jerry Aldridge</i></u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>7-25-07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by September 14, 2007		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	PD	<input type="checkbox"/> Delete	TITLE	ND	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHEELER, WILLIAM		NAME	GARY OES	
STREET ADDRESS	2875 GSBN		STREET ADDRESS	2875 Gulf Shore Blvd. N.	
CITY - ST - ZIP	NAPLES, FL 34103		CITY - ST - ZIP	Naples FL 34103	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPOLINO, KELLY		NAME		
STREET ADDRESS	2875 GULF SHORE BLVD. NORTH		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34103		CITY - ST - ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHUTZ, ROBERT		NAME	Rosemary Geister	
STREET ADDRESS	2875 GULF SHORE BLVD. N.		STREET ADDRESS	2875 Gulf Shore Blvd N	
CITY - ST - ZIP	NAPLES, FL 34103		CITY - ST - ZIP	Naples FL 34103	
TITLE	TVD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIBLET, WILLIAM		NAME		
STREET ADDRESS	2875 GULF SHORE BLVD N		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34103		CITY - ST - ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEKRUYSER, ARTHUR		NAME	Ardel Nelson	
STREET ADDRESS	2875 GULF SHORE BLVD. N.		STREET ADDRESS	2875 Gulf Shore Blvd N	
CITY - ST - ZIP	NAPLES, FL 34103		CITY - ST - ZIP	Naples FL 34103	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUMANN, WILLIAM		NAME		
STREET ADDRESS	2875 GULF SHORE BLVD, NORTH		STREET ADDRESS		
CITY - ST - ZIP	NAPLES, FL 34103		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>7-25-07</u> <u>239-261-2444</u> <small>Date Daytime Phone #</small>		