

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715629

FILED
Jan 06, 2009
Secretary of State

Entity Name: THE BREAKERS OF NAPLES, INC.

Current Principal Place of Business:

2875 GULF SHORE BLVD. NORTH
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

2875 GULF SHORE BLVD. NORTH
NAPLES, FL 34103

New Mailing Address:

FEI Number: 59-1308429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALDRIDGE, JERRY
2875 GULF SHORE BLVD., N.
NAPLES, FL 34103 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: PD () Delete
Name: WHEELER, WILLIAM
Address: 2875 GSBN
City-St-Zip: NAPLES, FL 34103

Title: SD () Delete
Name: CAPOLINO, KELLY
Address: 2875 GULF SHORE BLVD. NORTH
City-St-Zip: NAPLES, FL 34103

Title: VD () Delete
Name: OSS, GERY
Address: 2875 GULF SHORE BLVD. N.
City-St-Zip: NAPLES, FL 34103

Title: TVD () Delete
Name: RIBLET, WILLIAM
Address: 2875 GULF SHORE BLVD N
City-St-Zip: NAPLES, FL 34103

Title: VD () Delete
Name: NELSON, ARDEL
Address: 2875 GULF SHORE BLVD. N.
City-St-Zip: NAPLES, FL 34103

Title: VD () Delete
Name: SCHUMANN, WILLIAM
Address: 2875 GULF SHORE BLVD, NORTH
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: JERRY ALDRIDGE

MAN.

01/06/2009

Electronic Signature of Signing Officer or Director

Date