

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718482

FILED
Apr 27, 2009
Secretary of State

Entity Name: BREAKERS OF FT. LAUDERDALE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

909 BREAKERS AVE.
FT.LAUDERDALE, FL 33304 US

New Principal Place of Business:

Current Mailing Address:

271 CROCKETT BLVB
MERRITT ISLAND, FL 32953 US

New Mailing Address:

PO BOX 540669
MERRITT ISLAND, FL 32954 US

FEI Number: 59-2454526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRICE, ROBERT
271 CROCKETT BLVD
MERRITT ISLAND, FL 32953 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: P () Delete
Name: FROMER, KENNETH
Address: 909 BREAKERS AVE.
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D () Delete
Name: WNUKOWSKI, RONALD
Address: 909 BREAKERS AVE.
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: STD () Delete
Name: MCLEOD, KEITH
Address: 909 BREAKERS AVE.
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D () Delete
Name: LEWELLYN, JOHN
Address: 909 BREAKERS AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: VD () Delete
Name: SPENCER, DELOS
Address: 909 BREAKERS AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FROMER, KENNETH
Address: 909 BREAKERS AVE.
City-St-Zip: FORT LAUDERDALE, FL 33304

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

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

Title: D (X) Change () Addition
Name: TURNER, TED
Address: 909 BREAKERS AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: VPD (X) Change () Addition
Name: SPENCER, DELOS
Address: 909 BREAKERS AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

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: KEITH MCLEOD

STD

04/27/2009

Electronic Signature of Signing Officer or Director

Date