

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90124 006 ****61.25

DOCUMENT # 720000

1. Entity Name

ISLAND BREAKERS - A CONDOMINIUM, INC.

LA

Principal Place of Business

**150 OCEAN LANE DRIVE
 KEY BISCAYNE FL 33149**

Mailing Address

**150 OCEAN LANE DRIVE
 KEY BISCAYNE FL 33149**

A0076545



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1312689

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JANOFKY, JUDY
 150 OCEAN LANE DRIVE
 KEY BISCAYNE FL 33149**

7. Name and Address of New Registered Agent

Name

CHILTON HARPER

Street Address (P.O. Box Number is Not Acceptable)

150 OCEAN LANE DRIVE

City

KEY BISCAYNE

FL

Zip Code

33149

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

CH

CHILTON HARPER

July 5, 2001

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
 NAME **CORTINEZ, DOMINGO**
 STREET ADDRESS **150 OCEAN LANE DR.**
 CITY-ST-ZIP **KEY BISCAYNE FL**

TITLE **D** ☐ Delete
 NAME **RECKNOR, TERRI LYNN**
 STREET ADDRESS **150 OCEAN LANE DRIVE**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **VPD** ☒ Delete
 NAME **CONSUEGRA, MIRIAM**
 STREET ADDRESS **150 OCEAN LANE DRIVE**
 CITY-ST-ZIP **KEY BISCAYNE FL**

TITLE **SD** ☒ Delete
 NAME **PRIDGEON, ALEIDA**
 STREET ADDRESS **150 OCEAN LANE DRIVE**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **D** ☒ Delete
 NAME **SILVA, IGNATIO**
 STREET ADDRESS **150 OCEAN LANE DRIVE**
 CITY-ST-ZIP **KEY BISCAYNE FL**

TITLE **D** ☐ Delete
 NAME **SALDARRIGIA, ANGELA**
 STREET ADDRESS **150 OCEAN LANE DRIVE**
 CITY-ST-ZIP **KEY BISCAYNE FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☐ Addition
 NAME **CHILTON HARPER**
 STREET ADDRESS **150 OCEAN LANE DRIVE**
 CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** ☐ Change ☐ Addition
 NAME **ALEIDA PRIDGEN**
 STREET ADDRESS **150 OCEAN LANE DRIVE**
 CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **SD** ☐ Change ☐ Addition
 NAME **JOSEPHINA PESANT**
 STREET ADDRESS **150 OCEAN LANE DRIVE**
 CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **TD** ☐ Change ☐ Addition
 NAME **HILARIO ROJAS**
 STREET ADDRESS **150 OCEAN LANE DRIVE**
 CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE OF CHILTON HARPER

July 5, 2001

305-361-9104

CR2E037 (5/01)