

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720000

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** ISLAND BREAKERS - A CONDOMINIUM, INC.

**Current Principal Place of Business:**

C/O 150 OCEAN LANE DRIVE  
KEY BISCAVNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PROPERTY MANAGEMENT SERVICES  
8299 CORAL WAY  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** 59-1312689      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SKRLD, INC.  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134 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  
**Name:** PRIDGEN, ALEIDA  
**Address:** 150 OCEAN LN DR 3B  
**City-St-Zip:** KEY BISCAVNE, FL 33149

**Title:** D  
**Name:** ORTIZ, CARLOS  
**Address:** 150 OCEAN LANE DRIVE 3F  
**City-St-Zip:** KEY BISCAVNE, FL 33149

**Title:** TD  
**Name:** LARDON, JEAN  
**Address:** 150 OCEAN LANE DRIVE, #3G  
**City-St-Zip:** KEY BISCAVNE, FL 33149

**Title:** D  
**Name:** HERNANDEZ, MARLENE  
**Address:** 105 OCEAN LANE DRIVE 5F  
**City-St-Zip:** KEY BISCAVNE, FL 33149

**Title:** VP  
**Name:** ROJAS, HILARIO  
**Address:** 105 OCEAN LANE DRIVE, #7H  
**City-St-Zip:** KEY BISCAVNE, FL 33149

**Title:** SD  
**Name:** SALDARRIGA, ANGELA  
**Address:** 150 OCEAN LANE DR 10C  
**City-St-Zip:** KEY BISCAVNE, FL 33149

I hereby 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 all other like empowered.

SIGNATURE: ALEIDA PRIDGEN

P

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date