

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # 740779

1. Entity Name
BREAKERS WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**3033 WESTGULF DRIVE
SANIBEL, FL 33957**

Mailing Address
**3033 WESTGULF DRIVE
SANIBEL, FL 33957**

DO NOT WRITE IN THIS SPACE



01122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 22-2176409	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**MURTY, TIMOTHY J. E
1633 PERIWINKLE WAY
SUITE A
SANIBEL, FL 33957**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCZOMAK, DENNIS 5757 NORTHFIELD PARKWAY TROY, MI 48098
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RENN, GLORIA 3041 WEST GULF DRIVE A-1 SANIBEL, FL 33957
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAMPTON, JUNE 23 SPRINGBANK AVE TORONTO, CANADA, O m1 n1 62
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALTON, ANN 1321 BROOKLYN ANN ARBOR, MI 48104
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAUSCHULZ, JOHN 1230 E. INDIAN MOUND ROAD BLOOMFIELD HILLS, MI 48301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000666444
03/23/07-80070-018 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Dennis Sczomak* **Dennis Sczomak**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/07 **2395605568**
Date Daytime Phone #