

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90040 016 \*\*\*\*61.25

<b>DOCUMENT # 740779</b> 1. Entity Name <b>BREAKERS WEST CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>3033 WESTGULF DRIVE SANIBEL, FL 33957</b>			Mailing Address <b>3033 WESTGULF DRIVE SANIBEL, FL 33957</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address <b>6854 Highland Pines Cir</b> Suite, Apt. #, etc.			
City & State  Zip                      Country		City & State <b>Fort Myers FL</b> Zip                      Country <b>33966-1377 Lee</b>		4. FEI Number <b>22-2176409</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MURTY, TIMOTHY J. E 1633 PERIWINKLE WAY SUITE A SANIBEL, FL 33957</b>			7. Name and Address of New Registered Agent  Name <b>William M. Ramsey</b> Street Address (P.O. Box Number is Not Acceptable) <b>6854 Highland Pines Circle</b> City <b>Fort Myers FL</b> Zip Code <b>33966</b>		
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 <b>William M. Ramsey</b> DATE <b>3/4/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SCZOMAK, DENNIS 5757 NORTHFIELD PARKWAY TROY, MI 48098 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President David Keene 12 Locke St. Andover MA 01810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD RENTZ, GLORIA 3041 WEST GULF DRIVE A-1 SANIBEL, FL 33957 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President David McMillan 1484 Kral Rd Mnnetonka MN 55345 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRAMPTON, JUNE 23 SPRINGBANK AVE TORONTO, CANADA, O m1 n1 62 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WALTON, ANN 1321 BROOKLYN ANN ARBOR, MI 48104 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HAUSCHULZ, JOHN 1230 E. INDIAN MOUND ROAD BLOOMFIELD HILLS, MI 48301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	   <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	   <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b>		<b>4-16-2008    239-395-8738</b> <small>Signature and typed or printed name of signing officer or director                      Date                      Daytime Phone #</small>			