

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740779

FILED
Jan 26, 2009
Secretary of State

Entity Name: BREAKERS WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

3033 WESTGULF DRIVE
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

6854 HIGHLAND PINES CIR
FORT MYERS, FL 33966

New Mailing Address:

FEI Number: 22-2176409

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMSEY, WILLIAM M
6854 HIGHLAND PINES CIRCLE
FORT MYERS, FL 33966 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: TD () Delete
Name: SCZOMAK, DENNIS
Address: 5757 NORTHFIELD PARKWAY
City-St-Zip: TROY, MI 48098

Title: VD () Delete
Name: RENZ, GLORIA
Address: 3041 WEST GULF DRIVE A-1
City-St-Zip: SANIBEL, FL 33957

Title: P () Delete
Name: KEENE, DAVID
Address: 12 LOCKE ST
City-St-Zip: ANDOVER, MA 01810

Title: SD () Delete
Name: WALTON, ANN,
Address: 1321 BROOKLYN
City-St-Zip: ANN ARBOR, MI 48104

Title: VP () Delete
Name: MCMILLAN, DAVID
Address: 14821 KRAL RD
City-St-Zip: MINNETONKA, MN 55345

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: SCZOMAK, DENNIS
Address: 6363 N. MAPLE ROAD
City-St-Zip: ANN ARBOR, MI 48105

Title: VD (X) Change () Addition
Name: LOOKER, DANA
Address: 1580 CASPER COURT
City-St-Zip: LEXINGTON, KY 40511

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

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

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

Title: VD () Change (X) Addition
Name: RINKER, MELISSA
Address: 8821 APPLEBY LANE
City-St-Zip: INDIANAPOLIS, IN 46256

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: WILLIAM M RAMSEY

RA

01/26/2009

Electronic Signature of Signing Officer or Director

Date