## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 01, 2008 8:00 am Secretary of State 05-01-2008 90245 010 \*\*\*\*70.00

DOCUMENT # 744183  1. Entity Name BREAKERS WEST ASSOCIATION, INC.						05-01-2008	3 90245 010 ****	70.00	
Principal Place of Business 21045 COMMERCIAL TR BOCA RATON, FL 33486  Mailing Address 21045 COMMERCIAL TR BOCA RATON, FL 33486							, 1 0 3 <del>-</del>		
Principal Place of Business - No P.O. Box #     3. Mailing Address									
Suite, Apt. #, etc. Sc			Suite, Apt. #, etc.			03212008	Chg-NP	CR2E037 (12/06)	
City & State		City	City & State			4. FEI Number		· · · · · · · · · · · · · · · · · · ·	Applied For
Zip Country		Zip	Zip Cou		try	59-2425	<del></del>	□ \$8.75 A	Not Applicable
	6. Name and Address of Curre	nt Registered	Agent				Status Desired	Fee Requi	
1044000		it ivedisteled	- Again		Name	r. Name and r	(ddiess of New	Kegistered Agent	
ISAACSON, WILLIAM K 21045 COMMERCIAL TR BOCA RATON, FL 33486					Street Address (P.O. Box Number is Not Acceptable)				
					City	_	<del></del>	FL Zip Co	nde
	e named entity submits this statement tions of registered agent.	for the purpos	se of changing its	registered	office or regis	stered agent, or both	, in the State of F	Forida. I am familiar wit	h, and accept
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applica	able. (NOTE	: Registered A	Agent signatura requ	uired when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2008									
			9. Election Carr Trust Fund C	. •	· -	\$5.00 May Be Added to Fees		Make check payable orida Department of	
10.	Due by May 1, 2008 OFFICERS AND I	DIRECTORS	Trust Fund C	ontribution	n.	Added to Fees  ADDITIONS/CHA	Fio	ers and directors	State IN 10
10. TITLE NAME STREEI ADDRESS CITY-ST-ZIP	Due by May 1, 2008	).		11. TITLE NAME	ADDRESS 1576	Added to Fees  ADDITIONS/CHA  ANDLA ATE	Fig NGES TO OFFICE BH PARKORY	ERS AND DIRECTORS	State
TITLE NAME STREET ADDRESS	OFFICERS AND DEPT.  OFFICERS AND DEPT.  PD.  CHANDRA, ATESH.  1688 BREAKERS WEST BLVD.	).   <b>1</b>	Trust Fund C	11. TITLE NAME STREET CITY-SI TITLE NAME	ADDRESS 15T	Added to Fees  ADDITIONS/CHA  ANDLA, ATE  OF FLAGUER  EN FLAGUER	FIO NGES TO OFFICE BH PARKWAY AUH, FL RICIA DARKWAY	ERS AND DIRECTORS Change	State IN 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS	PD CHANDRA, ATESH 1688 BREAKERS WEST BLVD WEST PALM BEACH, FL 334' VP PFEIFFER, PATRICIA 2700 CLUBHOUSE POINTE	0.	Trust Fund C	Ontribution  11.  ITILE NAME STREET CITY-SI  ITILE NAME STREET CITY-SI  EITLE NAME	ADDRESS 151 VAP PRE	Added to Fees  ADDITIONS/CHA  ANDIA, ATE  OF FLAGUER  EXT PALAN BE  EXTERM BE	FIGURES TO OFFICE  SH PARKURY AUH, FL  RICIA PARKURY PARKURY PARKURY	33411  Change	State IN 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD CHANDRA, ATESH 1688 BREAKERS WEST BLVE WEST PALM BEACH, FL 334' VP PFEIFFER, PATRICIA 2700 CLUBHOUSE POINTE WEST PALM BEACH, FL 3340' S KAY, KRISTY 305 VALENCIA ROAD	0.	Trust Fund C	Ontribution  11.  ITILE NAME STREET CITY-SI  ITILE NAME STREET CITY-SI  EITLE NAME STREET CITY-SI  ITILE NAME STREET CITY-SI  ITILE NAME NAME NAME NAME NAME	ADDRESS 1-ZIP PRI ADDRESS 1-ZIP VP ADDRE	Added to Fees  ADDITIONS/CHA  ANDLA, ATE  BO FLAGUER  ESSLY, KRIS	FIGURES TO OFFICE  SH PARKWAY  AUH, FR  RICIA PARKWAY  FARKWAY  FARKWAY  FARKWAY  PARKWAY  PARKWAY	33411  Change	State  IN 10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD CHANDRA, ATESH 1688 BREAKERS WEST BLVE WEST PALM BEACH, FL 334' VP PFEIFFER, PATRICIA 2700 CLUBHOUSE POINTE WEST PALM BEACH, FL 3340' S KAY, KRISTY 305 VALENCIA ROAD	0.	Trust Fund C	Ontribution  11.  ITILE NAME STREET CITY-SI  ITILE NAME	ADDRESS PLANT ADDRESS PLANT ADDRESS ADDRESS ADDRESS	Added to Fees  ADDITIONS/CHA  ANDRA, ATE  OF FLACUER  EST PALM BE  ESSLY, KRIS  GO FLAGUER  ESSLY, KRIS  GO FLAGUER  EST PALM BE  UMANN, CHAI  STRAY OR	FIGURES TO OFFICE  SH PARKWAY  AUH, FR  RICIA PARKWAY  FARKWAY  FARKWAY  FARKWAY  PARKWAY  PARKWAY	33411  Change  33411  Change	State  IN 10 Addition Addition

indicated on this report or supplied with his him does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 attachmen with an address, with all other like empowered.