

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744183

FILED
Apr 16, 2009
Secretary of State

Entity Name: BREAKERS WEST ASSOCIATION, INC.

Current Principal Place of Business:

21045 COMMERCIAL TR
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

21045 COMMERCIAL TR
BOCA RATON, FL 33486

New Mailing Address:

FEI Number: 59-2425610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ISAACSON, WILLIAM K
21045 COMMERCIAL TR
BOCA RATON, FL 33486 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 () Delete
Name: CHANDRA, ATESH
Address: 1560 FLAGLER PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VP () Delete
Name: PFEIFFER, PATRICIA
Address: 15600 FLAGER PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: S () Delete
Name: PRESSLY, KRISTY
Address: 1560 FLAGLER PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VP () Delete
Name: BAUMANN, CHARLIE
Address: 9733 SPRAY DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: PFEIFFER, PATRICIA
Address: 15600 FLAGER PARKWAY
City-St-Zip: WEST PALM BEACH, FL 33411

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

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

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: PATRICIA PFEIFFER

VP

04/16/2009

Electronic Signature of Signing Officer or Director

Date