

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 746489	
1. Entity Name DANBURY BREAKERS CONDOMINIUM ASSOCIATION, INC.	



Principal Place of Business % LENORE CHISHOLM 3747 S. ATLANTIC AVE #201 DAYTONA BEACH SHORES FL 32118	Mailing Address % LENORE CHISHOLM 3747 S. ATLANTIC AVE #201 DAYTONA BEACH SHORES FL 32118
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2013758	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHISHOLM, LEE 3747 SOUTH ATLANTIC AVENUE DAYTONA BEACH SHORES FL 32118

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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	(NOTE: Registered Agent signature required when reinstalling)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	CHISHOLM, LENORE
STREET ADDRESS	3747 S ATLANTIC AVE
CITY-ST-ZIP	DAYTONA BEACH SHORES FL
TITLE	S
NAME	TARCZA, JOYCE
STREET ADDRESS	10 FLORISTER DR
CITY-ST-ZIP	TRENTON NJ
TITLE	PD
NAME	SHEPERD, ERVIN
STREET ADDRESS	3747 S. ATLANTIC AVE.
CITY-ST-ZIP	DAYTONA BEACH SHORES FL
TITLE	D
NAME	NOWAK, PAULA
STREET ADDRESS	3747 S. ATLANTIC AVE
CITY-ST-ZIP	DAYTONA BEACH SHORES FL
TITLE	D
NAME	GFROERER, PETER
STREET ADDRESS	1 BRIGHTON AVENUE
CITY-ST-ZIP	TONAWANDA N.
TITLE	VP
NAME	MOST, CATHERINE
STREET ADDRESS	3747 S. ATLANTIC AVENUE
CITY-ST-ZIP	DAYTONA BEACH SHORES FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Lenore Chisholm</i>	LENORE CHISHOLM	1/29/05	(386) 767-7602
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (TREASURER)			