



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90024 001 ****61.25

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	
2. Principal Place of Business - No P.O. Box # c/o PAULA NOWAK Suite, Apt. #, etc. 3747 S. ATLANTIC AVE #103 City & State DAYTONA BEACH SHORES, FL Zip 32118 Country USA		3. Mailing Address c/o PAULA NOWAK Suite, Apt. #, etc. 3747 S. ATLANTIC AVE #103 City & State DAYTONA BEACH SHORES, FL Zip 32118 Country USA	
			
		02102008 Chg-NP CR2E037 (12/06)	
		4. FEI Number 59-2013758	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 PAULA NOWAK Street Address (P.O. Box Number is Not Acceptable) 3747 SOUTH ATLANTIC AVE #103 City DAYTONA BEACH SHORES FL Zip Code 32118	
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 <u><i>Paula Nowak, President</i></u> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
	CHISHOLM, LENORE <input checked="" type="checkbox"/> Delete		RIEPE BROOKS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3747 S ATLANTIC AVE	STREET ADDRESS	747 BEAR CREEK CIRCLE
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL	CITY-ST-ZIP	WINTER SPRINGS, FL 32708
	S <input type="checkbox"/> Delete		D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TARCZA, JOYCE	NAME	MATTHEW STAMER
STREET ADDRESS	10 FLORISTER DR	STREET ADDRESS	3749 ALDERGATE PLACE
CITY-ST-ZIP	TRENTON, NJ	CITY-ST-ZIP	CASSELBERRY, FL 32087
	D <input checked="" type="checkbox"/> Delete		D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEPERD, ERVIN	NAME	JONES MAULDIN
STREET ADDRESS	3747 S. ATLANTIC AVE.	STREET ADDRESS	66 TURKEY CREEK
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL	CITY-ST-ZIP	ALACHUA, FL 32015
	P <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOWAK, PAULA	NAME	
STREET ADDRESS	3747 S. ATLANTIC AVE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH SHORES, FL	CITY-ST-ZIP	
	D <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALINT, TARCZA	NAME	
STREET ADDRESS	3747 S ATLANTIC AVE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	CITY-ST-ZIP	
	VP <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAJ, JAMES	NAME	
STREET ADDRESS	3747 S ATLANTIC AVE	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32118	CITY-ST-ZIP	
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.			
SIGNATURE: <u><i>Paula Nowak</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u><i>2/10/08</i></u> Daytime Phone #: <u><i>409-701-5267</i></u>	