2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# 746489

Entity Name: DANBURY BREAKERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O PAULA NOWAK
3747 S. ATLANTIC AVE #103
DAYTONA BEACH SHORES, FL 32118

New Principal Place of Business:

Current Mailing Address:

C/O PAULA NOWAK
3747 S. ATLANTIC AVE #103
DAYTONA BEACH SHORES, FL 32118

New Mailing Address:

FEI Number: 59-2013758 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOWAK, PAULA
3747 SOUTH ATLANTIC AVENUE #103
DAYTONA BEACH SHORES, FL 32118 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: T ( ) Delete
Name: BROOKS, RIEPPE
Address: 747 BEAR CREEK CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: S ( ) Delete
Name: TARCZA, JOYCE
Address: 10 FLORISTER DR
City-St-Zip: TRENTON, NJ

Title: D ( ) Delete
Name: STAMER, MATTHEW
Address: 3749 ALDERGATE PLACE
City-St-Zip: CASSELBERRY, FL 32707

Title: P ( ) Delete
Name: NOWAK, PAULA
Address: 3747 S. ATLANTIC AVE
City-St-Zip: DAYTONA BEACH SHORES, FL

Title: D ( ) Delete
Name: BALINT, TARCZA
Address: 3747 S ATLANTIC AVE
City-St-Zip: DAYTONA BEACH, FL 32118

Title: VP ( ) Delete
Name: MAJ, JAMES
Address: 3747 S ATLANTIC AVE
City-St-Zip: DAYTONA BEACH, FL 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: PAULA NOWAK P 02/24/2009
Electronic Signature of Signing Officer or Director — Date