2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 746875

1. Entity Name
BREAKERS WEST OF FORT WALTON BEACH OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
BREAKERS WEST OF FT. WALTON BCH. C/O 1423 MIXON DR. FORT WALTON BEACH, FL 32547-1045 US	C/O 1423 MIXON DR. FORT WALTON BEACH, FL 32547-1045 US

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04282005 No Chg-NP   CR2E037 (10/03)

4. FEI Number 59-2392443	Applied For
	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, GABRIELLE E
1423 MIXON DR.
FORT WALTON BEACH, FL 32547

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by May 1, 2005**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	DP
NAME	GUIN, BOB W
STREET ADDRESS	470 PARISH BLVD
CITY-ST-ZIP	MARY ESTHER, FL 32569
TITLE	DV
NAME	DYKES, PHILLIP G
STREET ADDRESS	359 BILLFISH, NO 11
CITY-ST-ZIP	FORT WALTON BEACH, FL 32548
TITLE	DST
NAME	WOODWARD, GARBRIELLE E
STREET ADDRESS	1423 MIXON DR.
CITY-ST-ZIP	FORT WALTON BEACH, FL 32547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Gabrielle Woodward_   4-27-05   850-315-4072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #