


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 746875	
1. Entity Name BREAKERS WEST OF FORT WALTON BEACH OWNER'S ASSOCIATION, INC.	

Principal Place of Business BREAKERS WEST OF FT. WALTON BCH. C/O 1423 MIXON DR. FORT WALTON BEACH, FL 32547-1045 US	Mailing Address C/O 1423 MIXON DR. FORT WALTON BEACH, FL 32547-1045 US
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07022006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2392443	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 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: *Gabrielle Woodward* *Gabrielle Woodward* 07-02-06
(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 September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GUIN, BOB W 470 PARISH BLVD MARY ESTHER, FL 32569
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DYKES, PHILLIP G 359 BILLFISH, NO 11 FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WOODWARD, GABRIELLE E 1423 MIXON DR. FORT WALTON BEACH, FL 32547
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/06/06-80005-020 61.25

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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: *Gabrielle Woodward* *Gabrielle Woodward* 07-02-06 850-315-1072
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #)