

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747325

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: THE BREAKERS ASSOCIATION II, INC.

## Current Principal Place of Business:

ASSOCIATION MGMT OF POINT VEDRA, INC  
3108 SAWGRASS VILLAGE CIR  
PONTE VEDRA BEACH, FL 32082

## New Principal Place of Business:

## Current Mailing Address:

ASSOCIATION MGMT OF POINT VEDRA, INC  
3108 SAWGRASS VILLAGE CIR  
PONTE VEDRA BEACH, FL 32082

## New Mailing Address:

FEI Number: 59-2063801

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CONNOLLY, C P  
ASSOCIATION MANAGEMENT OF POINT VEDRA, INC  
3108 SAWGRASS VILLAGE CIR  
PONTE VEDRA BEACH, FL 32082 US

## Name and Address of New Registered Agent:

CONNOLLY, C. P.  
ASSOCIATION MANAGEMENT OF POINT VEDRA, INC  
3108 SAWGRASS VILLAGE CIR  
PONTE VEDRA BEACH, FL 32082 US

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: C. P. CONNOLLY

04/16/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HIGHTOWER, DANIEL  
Address: 1247 SE 5TH STREET  
City-St-Zip: OCALA, FL 34471

Title: D ( ) Delete  
Name: MANSFIELD, JOHN  
Address: PO BOX 67  
City-St-Zip: TUCKER, GA 30085

Title: SD ( ) Delete  
Name: BISHOP, LINTON H. JR.  
Address: 11 WESTMINISTER CLOSE  
City-St-Zip: ATLANTA, GA 30327

Title: VTD ( ) Delete  
Name: BLACKMON, WILSON W.  
Address: 2930 AVERTT DR.  
City-St-Zip: COLUMBUS, GA 31906

Title: D ( ) Delete  
Name: SMATHERS, SUSAN  
Address: 4745 SUTTON PRK CT  
City-St-Zip: JACKSONVILLE, FL 32224

## 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:

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: DANIEL HIGHTOWER

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date