

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90097 043 \*\*\*\*61.25

<b>DOCUMENT # 747760</b> 1. Entity Name <b>THE BREAKERS ASSOCIATION III, INC.</b>			
Principal Place of Business <b>3982 PATITE DRIVE JACKSONVILLE, FL 32250 US</b>		Mailing Address <b>PO BOX 49208 JACKSONVILLE, FL 33240 US</b>	
2. Principal Place of Business <b>Association Management of Ponte Vedra, Inc. 3103 Sawgrass Village Circle Ponte Vedra Beach, FL 32082</b>		3. Mailing Address <b>Association Management of Ponte Vedra, Inc. 3103 Sawgrass Village Circle Ponte Vedra Beach, FL 32082</b>	
4. FEI Number <b>59-2063800</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>LYNCH, MARY JANE 3982 PATITE DRIVE JACKSONVILLE BEACH, FL 32250</b>		7. Name and Address of New Registered Agent Name <b>C.P. CONNOLLY</b> <b>Association Management of Ponte Vedra, Inc. 3103 Sawgrass Village Circle Ponte Vedra Beach, FL 32082</b> Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered agent familiar with, and accept the obligations of registered agent.			
SIGNATURE <b>C.P. Connolly</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating) <b>C.P. CONNOLLY, CAM</b> DATE <b>4-13-06</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD KANE, RICHARD J 633-D PONTE VEDRA BLVD PONTE VEDRA BCH, FL	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STISSER, MARTHA C 23 OWENOK WAY RIVERSIDE, CT	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MARTIN, BARBARA 78 LINDBERCH DR NE #100 ATLANTA, GA 30303	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JOHN HORTY 4814 5TH AVE. PITTSBURG, PA	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	
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: <b>John Harty, President</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4-13-06</b> <small>Daytime Phone #</small>	