

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90277 046 ****61.25

DOCUMENT # 747760

1. Entity Name

THE BREAKERS ASSOCIATION III, INC.



Principal Place of Business

ASSOCIATION MGMT OF POINTE VEDRA, INC
3103 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082 US

Mailing Address

ASSOCIATION MGMT OF POINTE VEDRA, INC
3103 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082 US

40070101



04052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2063800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASSOCIATION MANAGEMENT OF PONTE VEDRA, INC
3103 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

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IN THIS SPACE**

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

C.R. Connolly
Signature, typed or printed name of registered agent and title if applicable

C.R. CONNOLLY CAM
(NOTE: Registered Agent signature required when reinstating)

4-18-07
DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE SD
NAME STISSER, MARTHA C
STREET ADDRESS 23 OWENOKE WAY
CITY-ST-ZIP RIVERSIDE, CT

TITLE VD
NAME MARTIN, BARBARA
STREET ADDRESS 78 LINDBERCH DR NE #100
CITY-ST-ZIP ATLANTA, GA 30303

TITLE VD
NAME JOHN HORTY
STREET ADDRESS 4614 5TH AVE.
CITY-ST-ZIP PITTSBURG, PA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Martha C. Stisser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-07
Date

285-0027
Daytime Phone #