

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
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40070101



04052007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2063800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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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.P. Connolly C.P. CONNOLLY CAM 4-18-07
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, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STISSER, MARTHA C 23 OWENOKE WAY RIVERSIDE, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTIN, BARBARA 78 LINDBERCH DR NE #100 ATLANTA, GA 30303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHN HORTY 4614 5TH AVE. PITTSBURG, PA
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 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 MARTHA STISSER 4-18-07 285-0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #