


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90015 010 ****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	



Association Management of Ponte Vedra 3108 Sawgrass Village Circle Ponte Vedra Beach, FL 32082	Association Management of Ponte Vedra 3108 Sawgrass Village Circle Ponte Vedra Beach, FL 32082
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02142008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2063800	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 ASSOCIATION MANAGEMENT OF PONTE VEDRA, INC 3103 SAWGRASS VILLAGE CIRCLE PONTE VEDRA BEACH, FL 32082	7. Name and Address of New Registered Agent Association Management of Ponte Vedra 3108 Sawgrass Village Circle Ponte Vedra Beach, FL 32082 L Zip Code
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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 DATE 4-22-08
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STISSER, MARTHA C 23 OWENOKE WAY RIVERSIDE, CT <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHN HORTY 4614 5TH AVE. PITTSBURG, PA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MARTHA C STISSER DATE 4/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR