2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# 747760

Entity Name: THE BREAKERS ASSOCIATION III, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

ASSOCIATION MGMT OF POINTE VEDRA, INC
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address:

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

New Mailing Address:

ASSOCIATION MGMT OF POINTE VEDRA, INC
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 59-2063800 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASSOC. MGMT. OF PONTE VEDRA, INC
3108 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: STISSER, MARTHA C
Address: 23 OWENOKE WAY
City-St-Zip: RIVERSIDE, CT

Title: VD ( ) Delete
Name: MARTIN, BARBARA
Address: 78 LINDBERCH DR NE #100
City-St-Zip: ATLANTA, GA 30303

Title: VD ( ) Delete
Name: JOHN HORTY,
Address: 4614 5TH AVE.
City-St-Zip: PITTSBURG, PA

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:

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: JOHN HORTY PRES 01/07/2009

Electronic Signature of Signing Officer or Director — Date