


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90048 044 ****61.25

DOCUMENT # 748678

1. Entity Name
BREAKWATERS OF THE PALM BEACHES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
4239 NORTHLAKE BLVD
STE #D
PALM BEACH GARDENS, FL 33410 US

Mailing Address
4239 NORTHLAKE BLVD
STE #D
PALM BEACH GARDENS, FL 33410 US

2. Principal Place of Business
2328 S. CONGRESS AVENUE

3. Mailing Address
2328 S. CONGRESS AVENUE

Suite, Apt. #, etc.
SUITE 2A

Suite, Apt. #, etc.
SUITE 2A

City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

Zip
33406

Country
USA

Zip
33406

Country
USA

03182004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2084015

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DICKER, KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVENUE SOUTH
SUITE 400
WEST PALM BEACH, FL 33409

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____

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, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TINDALL, GREGORY G			NAME	CORKINS, CARMEN		
STREET ADDRESS	480 EXECUTIVE CTR. DR. #1G			STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP	WEST PALM BEACH, FL 33406		
TITLE	DP	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WRIGHT, BERNADETTE			NAME	WRIGHT, BERNADETTE		
STREET ADDRESS	500 EXECUTIVE CENTER DRIVE, #2H			STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A		
CITY-ST-ZIP	W PALM BEACH, FL 33401			CITY-ST-ZIP	WEST PALM BEACH, FL 33406		
TITLE	D	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PIETRORICCA, CHRISTOPHER			NAME	PIETRORICCA, CHRISTOPHER		
STREET ADDRESS	480 EXECUTIVE CTR. DR. #3S			STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP	WEST PALM BEACH, FL 33406		
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EPPS, WILLIAM			NAME	EPPS, WILLIAM		
STREET ADDRESS	500 EXECUTIVE CTR. DR. 5A			STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP	WEST PALM BEACH, FL 33406		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FITZGERALD, JOHN			NAME	FITZGERALD, JOHN		
STREET ADDRESS	500 EXECUTIVE CTR. DR. 3H			STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP	WEST PALM BEACH, FL 33406		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Bernadette Wright 4-2-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #