


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90059 003 ****61.25

DOCUMENT # 748678

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



Principal Place of Business 2328 S. CONGRESS AVENUE SUITE 2A WEST PALM BEACH, FL 33406 US	Mailing Address 2328 S. CONGRESS AVENUE SUITE 2A WEST PALM BEACH, FL 33406 US
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40041024



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02222007 Chg-NP CR2E037 (12/06)

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

DIREKTOR, KENNETH ESQ.
 BANK OF AMERICA CENTER
 625 N. FLAGLER DR
 WEST PALM BEACH, FL 33401

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 _____ DATE _____
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, 2007

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MULCRONE, THOMAS	
STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LIFTMAN, DANIEL	
STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, BILL	
STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ALFONSO, HELENE	
STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SKOGMO, SERENE	
STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUMMERS, WAYNE	
STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIFTMAN, DANIEL	
STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FITZGERALD, JOHN	
STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NAPOLITANO, TONY	
STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEIN, MARIE	
STREET ADDRESS	2328 S. CONGRESS AVE., SUITE 2A	
CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Anthony Napolitano* **3-15-07**

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