

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90197 014 ****61.25

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DOCUMENT # **748678**



1. Entity Name
**BREAKWATERS OF THE PALM BEACHES CONDOMINIUM ASSO
CIATION, INC.**

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

11014480



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2084015** Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COMPLETE PROPERTY MGMT INC.
4239 NORTHLAKE BLVD
STE #D
PALM BEACH GARDENS FL 33410

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP | D GANES, RICK 470 EXECUTIVE CENTER DRIVE #1A WEST PALM BEACH FL 33401 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST LANCETTE, ROBERT 470 EXECUTIVE CENTER DRIVE #4N W PALM BEACH FL 33401 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HEPWORTH, KEN 480 EXECUTIVE CENTER DRIVE #26 WEST PALM BEACH FL 33401 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DVP SUMMERS, WAYNE 500 EXECUTIVE CENTER DRIVE #4L WEST PALM BEACH FL 33401 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Vice President/Director GREGORY G. TINDALL 480 EXECUTIVE CENTER DRIVE DIRECTOR #1A WEST PALM BEACH, FL 33401 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Wright, Bernadette 500 Executive Center Drive, #2H West Palm Beach, FL 33401 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Christopher Pietronicca Director 480 Executive Center Drive # 35 West Palm Beach, FL 33401 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | President William Epps, UP/Oir 500 Executive Center Dr. #5A West Palm Beach, FL 33401 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer/Director Fitzgerald, John 500 Executive Center Drive, #3H West Palm Beach, FL 33401 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Director Rodriguez, Sue 500 Executive Center Drive, #35 West Palm Beach, FL 33401 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

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 address, with all other like empowered.

SIGNATURE: *[Signature]* President 861-684-2846

CR2E037 (10/02)