2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 751035

Entity Name: THE BREAKERS ASSOCIATION V, INC.

Current Principal Place of Business:

ASSOCIATION MNGT OF PONTE VEDRA
3108 SAWGRASS VILLAGE CIR
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

ASSOCIATION MNGT OF PONTE VEDRA
3108 SAWGRASS VILLAGE CIR
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 59-2125726 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONNOLLY, C P
ASSOCIATION MANAGMENT OF PONTE VEDRA
3108 SAWGRASS VILLAGE CIR
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: VPD ( ) Delete
Name: KELLEY, LARRY
Address: 308 N RIDGE RD
City-St-Zip: LITTLE ROCK, AR 72207

Title: PD ( ) Delete
Name: FANNIN, MELVIN
Address: 625-D PONTE VEDRA BLVD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: STD ( ) Delete
Name: SAMIIAN, MAHAMED DR
Address: PO BOX 56554
City-St-Zip: JACKSONVILLE, FL 32241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change ( ) Addition
Name: SCHALLHORN, SUSAN
Address: 115 SUTTLE DRIVE
City-St-Zip: SPRING DALE, AR 72764

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: MELVIN FANNIN PD 04/15/2009

Electronic Signature of Signing Officer or Director — Date