
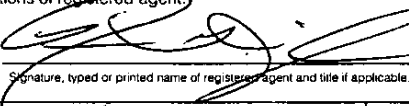
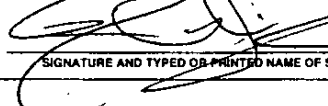


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90119 004 ****61.25

DOCUMENT # 751216 1. Entity Name THE BREAKERS AT BOCA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 155 S OCEAN BLVD BOCA RATON, FL 33432 US			Mailing Address 2458 DAFODIL STREET NE CANTON, OH 44705		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4150 BELOEN VILLAGE ST NW Suite, Apt. #, etc. # 606			
City & State		City & State CANTON, OHIO		4. FEI Number 52-1453634	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33432		Country US		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent YUSKAS, MARK 155 S. OCEAN BLVD. #108 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent Name RONALD G FIGLER Street Address (P.O. Box Number is Not Acceptable) 155 SOUTH OCEAN BLVD UNIT 132 BOCA RATON FL 33432	
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  RONALD G. FIGLER 3-2-2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	VD BENEDETTO, DAVID 48 DORETHY RD REDDING, CT 06896	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TURANO, RON 6501 W. ROOSEVELT ROAD BERWYN, IL 60402	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLAND, LAURIE 155 SOUTH OCEAN BLVD UNIT 116 BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LESLIE LEHMAN 155 SOUTH OCEAN BLVD UNIT 112 BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FIGLER, RON 2458 DAFODIL STREET NE CANTON, OH 44705	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOOD, JOE 155 SOUTH OCEAN BLVD., UNIT 118 BOCA RATON, FL 33432	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 155 SOUTH OCEAN BLVD, UNIT 128 BOCA RATON, FLORIDA 33432				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4150 BELOEN VILLAGE ST NW, # 606 CANTON, OHIO 44718				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 an address, with all other like empowered.					
SIGNATURE:  RONALD G. FIGLER, SECRETARY 3-2-2005 330-493-0040 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					