

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90031 017 \*\*\*\*61.25



**DOCUMENT # 754766**

1. Entity Name  
BREAKERS EAST OWNERS ASSOCIATION, INC.

Principal Place of Business  
C/O CAROL A. WILLIAMSON  
1010 HIGHWAY 98 EAST  
DESTIN, FL 32541

Mailing Address  
C/O CAROL A. WILLIAMSON  
1010 HIGHWAY 98 EAST  
DESTIN, FL 32541



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
59-2170477

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

NEWMAN, JR., RAYMOND E  
348 MIRACLE STRIP PKWY. SW. STE 7  
FORT WALTON BEACH, FL 32548

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, 2006

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 SD ☐ Delete  
NAME BUSH, MICHAEL  
STREET ADDRESS 565 NORTH MINNESOTA  
CITY-ST-ZIP MORTON, IL 61550

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ASM ☐ Delete  
NAME WILLIAMSON, CAROL A  
STREET ADDRESS 157 HOMEWOOD DRIVE  
CITY-ST-ZIP FORT WALTON BEACH, FL 32548

TITLE ASM ☒ Change ☐ Addition  
NAME HUFSTEDLER, Jon  
STREET ADDRESS 1010 HWY 98E  
CITY-ST-ZIP DESTIN FL 32541

TITLE VD ☐ Delete  
NAME FARWELL, JANET  
STREET ADDRESS 100 UNITED NATIONS PLAZA APT. 41D  
CITY-ST-ZIP NEW YORK, NY 10017

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME OLSON, DONALD  
STREET ADDRESS 1805 KENSINGTON KNOLL DR.  
CITY-ST-ZIP CHAMPAIGN, IL 61822

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME SUTHERLAND, JOE  
STREET ADDRESS 1020 WASHINGTON ST.  
CITY-ST-ZIP SHELBYVILLE, KY 40065

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME POWERS, TONY  
STREET ADDRESS 9504 FOX HILL CIRCLE N.  
CITY-ST-ZIP GERMANTOWN, TN 38139

TITLE ☐ Change ☐ 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:

*Jon Hufstedler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-06 850-837-1010