

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90250 042 ****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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01032007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2170477

Applied For
Not Applicable

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 reconstituting)

DATE

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

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

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

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **ASM** ☐ Change ☒ Addition
NAME **HUFSTEDLER, JON**
STREET ADDRESS **1706 DELLMONT COVE**
CITY - ST - ZIP **NICEVILLE FL 32578**

TITLE **SD** ☐ Change ☒ Addition
NAME **MAYNARD, PAUL**
STREET ADDRESS **10020 PORTLAND AVE.**
CITY - ST - ZIP **BLOOMINGTON, MN 55420**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE **D** ☐ Change ☒ Addition
NAME **MCCRACKEN, JOHN**
STREET ADDRESS **22 RIVER RIDGE CIRCLE**
CITY - ST - ZIP **LITTLE ROCK AR 72227**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JON HUFSTEDLER

1-4-07

Date

Daytime Phone #

8508371010