

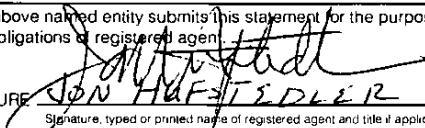
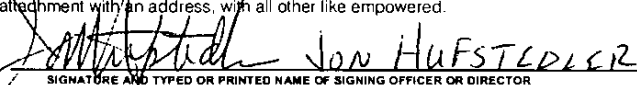


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90040 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 # 1010 Hwy 98 E DESTIN FL Suite, Apt. #, etc.		3. Mailing Address 1010 Hwy 98 E Suite, Apt. #, etc.			
City & State DESTIN FL		City & State DESTIN FL		4. FEI Number 59-2170477	
Zip 32541		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWMAN, JR., RAYMOND E 348 MIRACLE STRIP PKWY. SW. STE 7 FORT WALTON BEACH, FL 32548				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS </div> <div style="width: 55%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 </div> </div>					
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUSH, MICHAEL		NAME		
STREET ADDRESS	565 NORTH MINNESOTA		STREET ADDRESS		
CITY - ST - ZIP	MORTON, IL 61550		CITY - ST - ZIP		
TITLE	ASM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUFSTEDLER, JON		NAME		
STREET ADDRESS	1706 DELLMONT COVE		STREET ADDRESS		
CITY - ST - ZIP	NICEVILLE, FL 32578		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAYNARD, PAUL		NAME		
STREET ADDRESS	10020 PORTLAND AVE		STREET ADDRESS		
CITY - ST - ZIP	BLOOMINGTON, MN 55420		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OLSON, DONALD		NAME		
STREET ADDRESS	1805 KENSINGTON KNOLL DR.		STREET ADDRESS		
CITY - ST - ZIP	CHAMPAIGN, IL 61822		CITY - ST - ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SUTHERLAND, JOE		NAME	TD ROBERT WIEGAND	
STREET ADDRESS	1020 WASHINGTON ST.		STREET ADDRESS	5261 S. QUEBEC ST. STE 100	
CITY - ST - ZIP	SHELBYVILLE, KY 40065		CITY - ST - ZIP	GREENWOOD VILLAGE, CO 80111-1806	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCRACKEN, JOHN		NAME		
STREET ADDRESS	22 RIVER RIDGE CIR		STREET ADDRESS		
CITY - ST - ZIP	LITTLE ROCK, AR 72227		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					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 1-3-08 Daytime Phone # 850 837-1010	