

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754766

FILED
Jan 06, 2009
Secretary of State

Entity Name: BREAKERS EAST OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1010 HWY 982
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

1010 HWY 982
DESTIN, FL 32541

New Mailing Address:

FEI Number: 59-2170477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, JR., RAYMOND E
348 MIRACLE STRIP PKWY. SW. STE 7
FORT WALTON BEACH, FL 32548 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: VD () Delete
Name: BUSH, MICHAEL
Address: 565 NORTH MINNESOTA
City-St-Zip: MORTON, IL 61550

Title: ASM () Delete
Name: HUFSTEDLER, JON
Address: 1706 DELLMONT COVE
City-St-Zip: NICEVILLE, FL 32578

Title: SD () Delete
Name: MAYWARD, PAUL
Address: 10020 PORTLAND AVE
City-St-Zip: BLOOMINGTON, MN 55420

Title: PD () Delete
Name: OLSON, DONALD
Address: 1805 KENSINGTON KNOLL DR.
City-St-Zip: CHAMPAIGN, IL 61822

Title: TD () Delete
Name: VIEGAND, ROBERT
Address: 5261 S QUEBEC ST STE 100
City-St-Zip: GREENWOOD VILLAGE, CO 801111800

Title: D () Delete
Name: MCCracken, JOHN
Address: 22 RIVER RIDGE CIR
City-St-Zip: LITTLE ROCK, AR 72227

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ASM (X) Change () Addition
Name: HUFSTEDLER, JON
Address: 42 CAMELLIA LANE
City-St-Zip: FREEPORT, FL 32439

Title: SD (X) Change () Addition
Name: COONFIELD, ROBERT
Address: 2899 TUSCANIA LANE
City-St-Zip: LEAGUE CITY, TX 77573

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: WIEGAND, ROBERT
Address: 5261 S QUEBEC ST STE 100
City-St-Zip: GREENWOOD VILLAGE, CO 80111

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: JON HUFSTEDLER

ASM

01/06/2009

Electronic Signature of Signing Officer or Director

Date