

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90137 006 ****61.25

DOCUMENT # 763871

1. Entity Name

BREAKER'S WEST OF BREVARD CONDOMINIUM ASSOCIATIO

Principal Place of Business

2050 ATLANTIC AVE.
 MELBOURNE BEACH FL 32951

Mailing Address

2050 ATLANTIC AVE.
 MELBOURNE BEACH FL 32951

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2266305

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPACE COAST PROPERTY MGMT.
3128 LAKE WASHINGTON ROAD #170
MELBOURNE FL 32934

7. Name and Address of New Registered Agent

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.

SIGNATURE

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
 NAME **RAUCH, NORMAN**
 STREET ADDRESS **2150 ATLANTIC STREET #411**
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE **VPD** ☒ Delete
 NAME **HERSHEY, LEO**
 STREET ADDRESS **1950 ATLANTIC STREET #222**
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE **TD** ☒ Delete
 NAME **MUSSAW, JOHN**
 STREET ADDRESS **1950 ATLANTIC STREET #226**
 CITY-ST-ZIP **MELBOURNE BCH FL 32951**

TITLE **D** ☒ Delete
 NAME **MANGENG, BERNHARDT**
 STREET ADDRESS **1850 ATLANTIC STREET #113**
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☒ Change ☐ Addition
 NAME **Mangeng, Bernhardt**
 STREET ADDRESS **1850 Atlantic St. #113**
 CITY-ST-ZIP **Melbourne Beach, FL 32951**

TITLE **PD** ☐ Change ☒ Addition
 NAME **Cole, Jack**
 STREET ADDRESS **2150 Atlantic St. #421**
 CITY-ST-ZIP **Melbourne Beach, FL 32951**

TITLE **VPD** ☐ Change ☒ Addition
 NAME **Ruffing, Sybil**
 STREET ADDRESS **2150 Atlantic St. #422**
 CITY-ST-ZIP **Melbourne Beach FL 32951**

TITLE **SD** ☐ Change ☒ Addition
 NAME **DiTullo, Tim**
 STREET ADDRESS **2050 Atlantic St. #321**
 CITY-ST-ZIP **Melbourne Beach, FL 32951**

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

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)