

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

May 12, 2006 08:00 AM  
Secretary of State

DOCUMENT # 763871

1. Entity Name  
BREAKER'S WEST OF BREVARD CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business

2050 ATLANTIC AVE.  
# 311  
MELBOURNE BEACH, FL 32951

Mailing Address

2050 ATLANTIC AVE.  
MELBOURNE BEACH, FL 32951



05032006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

CLAYTON & MCCULLOH  
1065 MAITLAND CENTER COMMERCES BLVD  
MAITLAND, FL 32751

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IN THIS SPACE

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 September 6, 2006

9. Election Campaign Financing  
Trust Fund Contribution.



\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE S  
NAME CRUDO, WILLIAM  
STREET ADDRESS 2050 ATLANTIC ST #314  
CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE T  
NAME SAVAGE, WILLIAM  
STREET ADDRESS 1850 ATLANTIC ST #124  
CITY-ST-ZIP MELBOURNE BCH, FL 32951

TITLE D  
NAME BOBBY, WALTER  
STREET ADDRESS 1950 ATLANTIC ST  
CITY-ST-ZIP MELBOURNE BEACH, FL 32951

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000564173  
05/20/06-80053-002 61.25

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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

Date

Daytime Phone #

William J. Crudo

4/30/06 321-952-1506