2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #763871

BREÁKER'S WEST OF BREVARD CONDOMINIUM



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

04-07-2008 90030 032 ****61.25

ASSOCIATION, INC.								
	e of Business TIC AVE #311 BEACH, FL 32951 US	Mailing Address 2050 ATLANTIC AVE. MELBOURNE BEACH, FL	32951					
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2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address			1317 3 71 97 1173 1 5 77 1583 1	ES CIUM CION CION ESEM ESEM ESE	INTEL EN LEUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		0331200	8 Chg-NP	CR2E037 (12/06)		
City & State		City & State		4. FEI Nur 59-2:	nber 266305		oplied For ot Applicable	
Zip	Country	Zip	Country	5. Certific	ate of Status Desired	\$8.75 Add	ditional	
	6. Name and Address of Current	Registered Agent		7. Name a	nd Address of New	•		
CLAYTON & MCCULLOH			Name	· • · · · · · · · · · · · · · · · · · ·				
1065 MAITLAND CENTER COMMONS BLVD MAITLAND, FL 32751		LVD	Street Address		nber is Not Acceptab	le)		
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			City	· · · · · · · · · · · · · · · · · · ·	······································	FL Zip Cod	е	
8. The above named entity submits this statement for the purpose of changing its registere				egistered agent, or	both, in the State of F	lorida. I am familiar with,	and accept	
the obligat	ions of registered agent.							
SIGNATURE .								
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Pe	egistered Agent signature	required when reinstating		DATE		
Fliing Fee is \$61.25 Due by May 1, 2008								
•		9. Election Campa Trust Fund Con		\$5.00 Ma Added to Fe		Make check payable to orlda Department of St		
10.	Due by May 1, 2008 OFFICERS AND DIF	Trust Fund Con		Added to Fe	es Flo		tate	
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12. I hereby certify that the information supplied with this filling 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:

WILLIAM J CRUDD (5)

3/31/18

381-952-1506

WILLIAM J CRUDO