2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# 763871

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

Current Principal Place of Business:

2050 ATLANTIC AVE #311
MELBOURNE BEACH, FL 32951 US

New Principal Place of Business:

Current Mailing Address:

2050 ATLANTIC AVE.
MELBOURNE BEACH, FL 32951

New Mailing Address:

2050 ATLANTIC AVE #311
MELBOURNE BEACH, FL 32951 US

FEI Number: 59-2266305 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLAYTON & MCCULLOH
1065 MAITLAND CENTER COMMONS BLVD
MAITLAND, FL 32751 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: S ( ) Delete
Name: CRUDO, WILLIAM
Address: 2050 ATLANTIC ST #314
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: P ( ) Delete
Name: SAVAGE, WILLIAM
Address: 1850 ATLANTIC ST #124
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: T ( ) Delete
Name: BOBBY, WALTER
Address: 1950 ATLANTIC ST
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: D (X) Delete
Name: LADD, PETER
Address: 2150 ATLANTIC ST 411
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D ( ) Delete
Name: MANGZING, BERNIE
Address: 1850 ATLANTIC ST 113
City-St-Zip: MELBOURNE BEACH, FL 32951

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: WILLIAM SAVAGE P 03/26/2009
Electronic Signature of Signing Officer or Director Date