

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765378

FILED  
Feb 12, 2005  
Secretary of State

**Entity Name:** DRIFTWOOD BREAKERS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3150 OCEAN DRIVE  
VERO BEACH, FL 32963

**New Principal Place of Business:**

**Current Mailing Address:**

3150 OCEAN DRIVE  
VERO BEACH, FL 32963

**New Mailing Address:**

**FEI Number:** 59-2271923

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RADLET, JEANNE L  
3150 OCEAN DR  
VERO BEACH, FL 32963 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: P ( ) Delete  
Name: TENBUS, ROBERT,  
Address: 764 BANYAN RD  
City-St-Zip: VERO BEACH, FL

Title: D ( ) Delete  
Name: MCCHESENEY, DON  
Address: 3915 NW 27TH AVE  
City-St-Zip: BOCA RATON, FL

Title: VPD ( ) Delete  
Name: GUTHRIE, BARBARA,  
Address: 133 LAKE OTIS RD SE  
City-St-Zip: WINTER HAVEN, FL

Title: D ( ) Delete  
Name: YAHN, PATRICIA  
Address: 6530 NAEFF ROAD  
City-St-Zip: FARRVIEW, PA

Title: STD ( ) Delete  
Name: VOLKERT, LEON  
Address: 4116 N. OCEAN DR #700  
City-St-Zip: FT LAUDERDALE, FL

**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 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 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: LEON VOLKERT

STD

02/12/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date