


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90043 001 ***317.50

DOCUMENT # G65839

1. Entity Name
BREAKERS WEST DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address

1560 FLAGLER PKWY **1560 FLAGLER PKWY**
W. PALM BEACH, FL 33411 US **W. PALM BEACH, FL 33411 US**

00000001



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

01122007 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For

59-2326259 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LEONE, PAUL N
THE BREAKERS HOTEL
ON S COUNTY RD
PALM BEACH, FL 33480

7. Name and Address of New Registered Agent

Name
P. Kristen Pressly

Street Address (P.O. Box Number is Not Acceptable)
c/o The Breakers Palm Beach, Inc.

One South County Road

City State Zip Code
Palm Beach FL 33480

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: *P. Kristen Pressly* DATE: **1/15/07**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	KENAN, JAMES G., III	
STREET ADDRESS	212 BARROW ROAD	
CITY-ST-ZIP	LEXINGTON, KY	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	ATESH, CHANDRA	
STREET ADDRESS	1688 BREAKERS WEST BLVD	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	P	<input type="checkbox"/> Delete
NAME	LEONE, PAUL N	
STREET ADDRESS	OCEANIC COTTAGES	
CITY-ST-ZIP	PALM BCH, FL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	PFEIFFER, PATRICIA	
STREET ADDRESS	2700 CLUBHOUSE PT	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE	T	<input type="checkbox"/> Delete
NAME	GILMURRAY, ALEX	
STREET ADDRESS	13412 CHELMOFORD ST	
CITY-ST-ZIP	WEST PALM BEACH, FL 33414	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: *Patricia S. Pfeiffer* **PATRICIA S. PFEIFFER** Date: **1.16.07** Daytime Phone #: **561.653.6300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR