


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS


08 MAR 26 PM 2:58

**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

**DO NOT WRITE IN THIS SPACE**

02/06/08 9:00 27 047 317.50  
  
01092008    No Chg-P    CR2E034 (11/05)  
4. FEI Number      Applied For  
**59-2326259**      Not Applicable  
5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**PRESSLY, P KRISTEN  
C/O THE BREAKERS PALM BEACH, INC.  
ONE SOUTH COUNTY ROAD  
PALM BEACH, FL 33480**

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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: *Kristen Pressly*      DATE: **03/06/08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)      DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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
NAME	KENAN, JAMES G., III
STREET ADDRESS	212 BARROW ROAD
CITY-ST-ZIP	LEXINGTON, KY
TITLE	VPS
NAME	ATESH, CHANDRA
STREET ADDRESS	1888 BREAKERS WEST BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	P
NAME	LEONE, PAUL N
STREET ADDRESS	OCEANIC COTTAGES
CITY-ST-ZIP	PALM BCH, FL
TITLE	AS
NAME	PFEIFFER, PATRICIA
STREET ADDRESS	2700 CLUBHOUSE PT
CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	T
NAME	GILMURRAY, ALEX
STREET ADDRESS	13412 CHELMOFORD ST
CITY-ST-ZIP	WEST PALM BEACH, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

*B 3/26/08*

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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 807, 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 empowers.

SIGNATURE: *Patricia Pfeiffer*      **PATRICIA S. PFEIFFER**      Date: **1.9.08**      Daytime Phone #: **561.653.6300**