
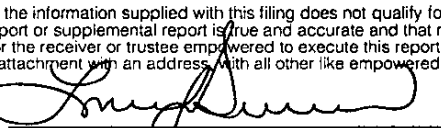


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90102 018 ****61.25

DOCUMENT # N02826 1. Entity Name THE ESTATES AT BREAKERS WEST I HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O GRS MANAGEMENT ASSOC INC 3900 WOODLAKE BLVD STE 309 LAKE WORTH, FL 33463 US			Mailing Address C/O GRS MANAGEMENT ASSOC INC 3900 WOODLAKE BLVD STE 309 LAKE WORTH, FL 33463 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2408508	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BRS MANAGEMENT ASSOC INC 3900 WOODLAKE BLVD SUITE 309 LAKE WORTH, FL 33463			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PORRECO, LOUIS <input checked="" type="checkbox"/> Delete 1811 BREAKERS WEST CT WEST PALM BEACH, FL 33411		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Manhanyer, Charles <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9836 Breakers W. West Royal Palm Bch, FL 33411	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ROMANO, LOREN <input type="checkbox"/> Delete 1850 BREAKERS WEST CT W. PALM BEACH, FL 33411		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, JESSE <input type="checkbox"/> Delete 1583 BREAKERS WEST BLVD W PALM BCH, FL 33411		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SONN, LEW <input checked="" type="checkbox"/> Delete 1529 BREAKERS WEST BLVD. W PALM BCH, FL 33411		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABATELLI, STEVE <input type="checkbox"/> Delete 1599 BREAKERS WEST BLVD W PALM BEACH, FL 33411		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SURNAMER, MARTIN <input type="checkbox"/> Delete 9764 BREAKERS W TERRA WEST PALM BEACH, FL 33411		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: 			Date 2-16-2006 Daytime Phone # (54) 628-6556		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					