2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03530

1. Entity Name

WIND BREAKER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

ATLANTIC BEACH, FL 32233 US

Mailing Address

753 ATLANTIC BLVD

P.O. BOX 330026 ATLANTIC REACH

DO NOT WRITE IN THIS SPACE

ATLANTIC BEACH, FL 32233

US

FILED Apr 30, 2008 8:00 am Secretary of State

04-30-2008 90198 044 ****61.25

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04242008 No Chg-NP

CR2E037 (4/06)

4. FEI Number 59-2569634

Applied For Not Applicable

5._Certificate of Status Desired

80.

Daytime Phone #

\$8.75 Additional

6. Name and Address of Current Registered Agent

MARVIN & FLOYD REALTY, INC. 753 ATLANTIC BLVD #1

ATLANTIC BEACH, FL 32233

DC	TON (WRITE	•
IN	THIS	SPACE	

	named entity submits this statement for the points of registered agent.	urpose of changing its registere	d office or registered	agent, or both,	in the State of Florida. I am familiar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	anniicable (NOTE: Registered	Agent signature required whe	en reinstation)	DATE	
	Signature, typeo or printed haine or registered agent and title in appropriate. (NOTC, negle		Agait signature required wire	ar (en staturg)	DATE	
	Filing Fee is \$61.25 Due by May 1, 2008	 Election Campaign Finance Trust Fund Contribution. 		May Be to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD THOMPSON, AMANDA 1030 N 4TH ST # 1-B JACKSONVILLE BEACH, FL 32250		the second of th		The market streets, it is not approximately a second	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DANNEHOWER, ROBIN 1028 4TH ST # 2-D JACKSONVILLE, FL 32250					
NAME STREET ADDRESS CITY-ST-ZIP	D BILODEAU, MICHAEL 1028 4TH ST # 1-B JACKSONVILLE BEACH, FL 32250			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, RYLAND 1028 N 4TH ST JACKSONVILLE BEACH, FL 32250			IN T	HIS SPACE	• •
TITLE NAME STREET ADDRESS CITY-ST-ZIP			encontrol of the second of the	्री १९ होन्स स	a same and the same state of the same	# 3 .
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
indicated of the co	certify that the information supplied with this fill on this report or supplemental report is true a reporation or the receiver or trustee empowered , or on an attachment with an address, with all	nd accurate and that my signati I to execute this report as requir	ure shall have the sam	ne legal effect i	as if made under oath: that I am an office:	r or director