

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90094 009 ****70.00

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1. Entity Name
THE BREAKERS AT ISLES AT BAYSHORE
HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
13055 SW 92 ST
SUITE 203
MIAMI, FL 33175

Mailing Address
13055 SW 92 ST
SUITE 203
MIAMI, FL 33175

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02052008 Chg-NP CR2E037 (12/06)

4. FEI Number
204100504

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SRLDS, P.A.
201 ALHAMBRA CIRCLE
1102
CORAL GABLES, FL 33134

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VP ☒ Delete
NAME MIRANDA, DARIO
STREET ADDRESS 10055 SW 215 STREET
CITY-ST-ZIP MIAMI, FL 33172

TITLE P ☒ Delete
NAME NUNEZ, LINDA
STREET ADDRESS 22062 SW 95 PLACE
CITY-ST-ZIP MIAMI, FL 33172

TITLE VP ☒ Delete
NAME CALLENDER, KARLA
STREET ADDRESS 9466 SW 220 LANE
CITY-ST-ZIP MIAMI, FL 33172

TITLE S ☒ Delete
NAME HARRISON, DAWNA E
STREET ADDRESS 22191 SE 94TH AVENUE
CITY-ST-ZIP MIAMI, FL 33190

TITLE T ☒ Delete
NAME ORTEGA, EMILIO
STREET ADDRESS 22043 SW 95 PLACE
CITY-ST-ZIP MIAMI, FL 33172

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Change ☒ Addition
NAME William Pacetti
STREET ADDRESS 9504 SW 220 Street
CITY-ST-ZIP Miami, FL 33190

TITLE S ☐ Change ☒ Addition
NAME Ken Knight
STREET ADDRESS 22191 SW 94 AVE.
CITY-ST-ZIP Miami, FL 33190

TITLE D ☒ Change ☐ Addition
NAME Linda Nuñez
STREET ADDRESS 22062 SW 95 Place
CITY-ST-ZIP Miami, FL 33190

TITLE T ☒ Change ☐ Addition
NAME DAWNA PIPERSBURG
STREET ADDRESS 22191 SW 94 AVE.
CITY-ST-ZIP Miami, FL 33190

TITLE VP ☒ Change ☐ Addition
NAME Karla Callender
STREET ADDRESS 9466 SW 220 Lane
CITY-ST-ZIP Miami, FL 33190

TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #