

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90048 011 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N09806 1. Entity Name BREAKERS LANDING CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 835 20TH PLACE VERO BEACH, FL 32960			Mailing Address 835 20TH PL VERO BEACH, FL 32960		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01292008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2655213	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CRAIG MERRILL 835 20TH PL 1105 12TH ST VERO BEACH, FL 32960				7. Name and Address of New Registered Agent Name Jane Cornett, Esq. Street Address (P.O. Box Number is Not Acceptable) 401 EAST OSCEOLA ST. 1ST FLOOR, RIVER OAK CENTER City STUART. FL Zip Code 34994	
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 3-10-08	
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 NAME STREET ADDRESS CITY-ST-ZIP	PD PEARSON, MADELINE 4949 N A1A 93 FORT PIERCE, FL 34949	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELLER, WILLIAM 4949 N A1A, #203 FT. PIERCE, FL	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHUSTER, DAVID 4949 N A1A 103 FORT PIERCE, FL 34949	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LALOTA, LOUISA 4949 NORTH A1A #142 FT PIERCE, FL 34949	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOJ, MARY 4949 N A1A 182 FORT PIERCE, FL 34949	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DIRECTOR MONTGOMERY, RICHARD 4949 NORTH A1A #146 FORT PIERCE, FL 34949			
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 817, 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 2/27/08 772-4666666	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					