

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09806

FILED  
Mar 09, 2009  
Secretary of State

**Entity Name:** BREAKERS LANDING CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

835 20TH PLACE  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

835 20TH PL  
VERO BEACH, FL 32960

**New Mailing Address:**

**FEI Number:** 59-2655213

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORNETT, JANE ESQ  
401 EAST OSCEOLA ST  
1ST FLOOR, RIVER OAK CENTER  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PEARSON, MADELINE  
Address: 4949 N A1A 93  
City-St-Zip: FORT PIERCE, FL 34949

Title: TD ( ) Delete  
Name: SCHUSTER, DAVID  
Address: 4949 N A1A 103  
City-St-Zip: FORT PIERCE, FL 34949

Title: SD ( ) Delete  
Name: LALOTA, LOUISA  
Address: 4949 NORTH A1A #142  
City-St-Zip: FT PIERCE, FL 34949

Title: V ( ) Delete  
Name: LOJ, MARY  
Address: 4949 N A1A 182  
City-St-Zip: FORT PIERCE, FL 34949

Title: D ( ) Delete  
Name: MONTGOMERY, RICHARD  
Address: 4949 NORTH, A1A #46  
City-St-Zip: FORT PIERCE, FL 34949

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MANCUSI, ELAINE  
Address: 4949 NORTH, A1A #172  
City-St-Zip: FORT PIERCE, FL 34949

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MADELINE PEARSON

P

03/09/2009

Electronic Signature of Signing Officer or Director

Date