

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000000382

**FILED**  
**Apr 03, 2011**  
**Secretary of State**

**Entity Name:** BREAKERS WEST TRANSITION COMMITTEE, INC.

**Current Principal Place of Business:**

1719 CYPRESS ROW DRIVE  
WEST PALM, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

1719 CYPRESS ROW DRIVE  
WEST PALM, FL 33411

**New Mailing Address:**

**FEI Number:** 27-1803270

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DANIELS, STEVEN L  
515 N. FLAGLER DRIVE, 6TH FLOOR  
WEST PALM BEACH, FL 33401 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:** DP  
**Name:** MCMILLEN, DOUGLAS  
**Address:** 1719 CYPRESS ROW DRIVE  
**City-St-Zip:** WEST PALM BEACH, FL 33411

**Title:** DST  
**Name:** GARFINKEL, LARRY  
**Address:** 1785 BREAKERS POINTE WAY NORTH  
**City-St-Zip:** WEST PALM BEACH, FL 33411

**Title:** DV  
**Name:** YOUNG, STEVE  
**Address:** 1872 FLAGLER ESTATES DRIVE  
**City-St-Zip:** WEST PALM BEACH, FL 33411

I hereby 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 all other like empowered.

**SIGNATURE:** DOUGLAS A MCMILLEN

PRES

04/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date