

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14531

FILED  
Apr 27, 2009  
Secretary of State

**Entity Name:** BREAKAWAY TRAILS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

16 BREAKWAY TRAIL  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

16 BREAKWAY TRAIL  
ORMOND BEACH, FL 32174

**New Mailing Address:**

16 BREAKAWAY TRAIL  
ORMOND BEACH, FL 32174

**FEI Number:** 59-2772963

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHRISSTINE & CHRISTINE, P.A.  
28 CORDOVA STREET  
ST. AUGUSTINE, FL 32084 US

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

CHRISTINE & CHRISTINE, P.A.  
28 CORDOVA STREET  
ST. AUGUSTINE, FL 32084 US

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: CHRISTINE & CHRISTINE

04/27/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: WADRO, CHARLES  
Address: 24 BROOK CREST WAY  
City-St-Zip: ORMOND BEACH, FL 32174

Title: P ( ) Delete  
Name: WEITE, BETTY  
Address: 10 CURVED CREEK WAY  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP ( ) Delete  
Name: MUNSON, WAYNE  
Address: 11 NOBLE WOODS WAY  
City-St-Zip: ORMOND BEACH, FL 32174

Title: S ( ) Delete  
Name: PARKER, NANCY  
Address: 8 LOST SPRINGS WAY  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: ANDERSON, JOHN  
Address: 41 FOREST VIEW WAY  
City-St-Zip: ORMOND BEACH, FL 32174

Title: D ( ) Delete  
Name: BLACK, HARRY DR  
Address: 27 BROOK CREST WAY  
City-St-Zip: ORMOND BEACH, FL 32174

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

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

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

Title: VP (X) Change ( ) Addition  
Name: MCCARTHY, JOHN  
Address: 5 NOBLE WOODS WAY  
City-St-Zip: ORMOND BEACH, FL 32174

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

Title: D (X) Change ( ) Addition  
Name: HECKERT, JOHN  
Address: 200 BLACK HICKORY WAY  
City-St-Zip: ORMOND BEACH, FL 32174

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

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: BETTY WEITE

BW

04/27/2009

Electronic Signature of Signing Officer or Director

Date