

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14531

FILED
Feb 19, 2010
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 BREAKAWAY TRAIL
ORMOND BEACH, FL 32174

New Mailing Address:

PO BOX 353187
PALM COAST, FL 32135

FEI Number: 59-2772963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTINE & CHRISTINE, P.A.
28 CORDOVA STREET
ST. AUGUSTINE, FL 32084 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: T
Name: WADRO, CHARLES
Address: 24 BROOK CREST WAY
City-St-Zip: ORMOND BEACH, FL 32174

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

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

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

Title: S
Name: HECKERT, JOHN
Address: 200 BLACK HICKORY WAY
City-St-Zip: ORMOND BEACH, FL 32174

Title: D
Name: BERNSTEIN, PAUL
Address: 27 DEEP WOODS WAY
City-St-Zip: ORMOND BEACH, FL 32174

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: BETTY WEITE

P

02/19/2010

Electronic Signature of Signing Officer or Director

Date