
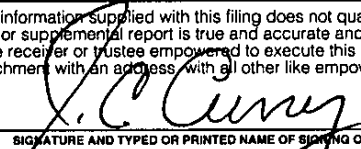


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90112 025 \*\*\*\*61.25

<b>DOCUMENT # N15026</b> 1. Entity Name TWO NORTH BREAKERS ROW CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2 N BREAKERS ROW MANAGEMENT OFFICE PALM BEACH, FL 33480			Mailing Address 2 N BREAKERS ROW MANAGEMENT OFFICE PALM BEACH, FL 33480		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2683640</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SHAHEEN, DORIS TWO N. BREAKERS ROW N-22 PALM BEACH, FL 33480	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CURVEY, JAMES TWO N. BREAKER ROW S-T-2 PALM BEACH, FL 33480	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FEINBERG, CAROL TWO NORTH BREAKERS ROW S-21 PALM BEACH, FL 33480	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SOMMER, BEVERLY TWO BREAKERS ROW S-42 PALM BEACH, FL 33480	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEE, HERBERT TWO BREAKER ROW S-32 PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREEN, ALLAN TWO NORTH BREAKERS ROW S-14 PALM BEACH, FL 33480	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	y/d Daniels, Myrna Two North Breakers Row, N-T-4 Palm Beach, FL 33480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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.					
<b>SIGNATURE:</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <b>3/31/05</b> Daytime Phone # <b>561-659-2488</b>					

(see attachment)

# ATTACHMENT

20033476

TWO NORTH BREAKERS ROW CONDOMINIUM ASSOCIATION, INC.

Two North Breakers Row, Palm Beach, Florida 33480

## ATTACHMENT TO 2005 ANNUAL REPORT

Two North Breakers Row Condominium Association, Inc.  
Document # N15026

### Officers and Directors

#### 10. Delete

V/D

Isenberg, Eugene

Two North Breakers Row, S-25  
Palm Beach, FL 33480

#### 11. Addition

V/D

Katz, Marilyn

Two North Breakers Row, N-45  
Palm Beach, FL 33480