


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90062 022 \*\*\*\*\*61.25

|  |  |  |   |   |  |
|--|--|--|---|---|--|
| <b>DOCUMENT # N15026</b><br>1. Entity Name<br><b>TWO NORTH BREAKERS ROW CONDOMINIUM ASSOCIATION, INC.</b>  |  |  |   |    |  |
| Principal Place of Business<br><b>2 N BREAKERS ROW<br/>MANAGEMENT OFFICE<br/>PALM BEACH, FL 33480</b>  |  |  | Mailing Address<br><b>2 N BREAKERS ROW<br/>MANAGEMENT OFFICE<br/>PALM BEACH, FL 33480</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |   |  |
| City & State   |  | City & State   |   |   |  |
| Zip  | Country  | Zip  | Country   | 4. FEI Number<br><b>59-2683640</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPORATION INFORMATION SERVICES, INC.<br/>1201 HAYES STREET<br/>TALLAHASSEE, FL 32301</b>   |  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |  |  |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                              |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | STD<br>BELFER, DIANE<br>TWO NORTH BREAKERS ROW N-PH4<br>PALM BEACH, FL 33480   | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>CURVEY, JAMES<br>TWO N. BREAKER ROW S-T-2<br>PALM BEACH, FL 33480        | <input checked="" type="checkbox"/> Delete                                       |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>BARNETT, VICTOR<br>TWO NORTH BREAKERS ROW N-34<br>PALM BEACH, FL 33480   | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>FENNELL, RICHARD<br>TWO NORTH BREAKERS ROW S-PH4<br>PALM BEACH, FL 33480 | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>DANIELS, MYRNA<br>2 NORTH BREAKERS ROW N-T-4<br>PALM BEACH, FL 33480     | <input type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>GREEN, ALLAN<br>TWO NORTH BREAKERS ROW S-14<br>PALM BEACH, FL 33480      | <input checked="" type="checkbox"/> Delete                                       |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>Belfer, Diane   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | V/D<br>Colin, Fred<br>2 N. Breakers Row N-23<br>Palm Beach, FL 33480           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P/D<br>Barnett, Victor   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T/D<br>Fennell, Richard  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>Daniels, Myrna  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>Katz, Marilyn<br>2 N. Breakers Row N-45<br>Palm Beach, FL 33480           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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> _____ <b>(Victor Barnett)</b>  |  |  |   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  |   |   |  |
| <div style="display: flex; justify-content: space-between;"> <span>Date <b>4/10/07</b></span> <span>Daytime Phone # <b>(561) 659-2488</b></span> </div>  |  |  |   |   |  |