2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N15026 1. Entity Name TWO NORTH BREAKERS ROW CONDOMINIUM ASSOCIATION, INC.							04-16-200	07 90062	022 ****	61.25	
2 N BREAKERS ROW 2 N MANAGEMENT OFFICE MAN			failing Address 2 N BREAKERS ROW MANAGEMENT OFFICE PALM BEACH, FL 33480			 	K\$11 8/1/1 E1/10 /18/2 (KIII 8	
2. Principal Place of Business - No P.O. Box # 3			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01052007	Chg-NP	CR2E0	37 (12/06)		
City & State			City & State			4. FÉI Number 59-2683				pplied For ot Applicable	
Zip	Zip Country		Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name and	d Address of Current Re	gistered Agent	Na		7. Name and	Address of New	Registered /	Agent		
CORPORATION INFORMATION SERVICES, INC. 1201 HAYES STREET TALLAHASSEE, FL 32301					Name Street Address (P.O. Box Number is Not Acceptable)						
			4	City	у			FL	Zip Cod	ie	
8. The above the obligation	named entity su ions of registered	bmits this statement for th d agent.	ne purpose of changing its i	registered offi	ice or register	ed agent, or both	n, in the State of F	Torida, I am	familiar with,	and accept	
SIGNATURE .	Signature, typed or pri	inted name of registered agent and	titla if annitoshla (NOTE								
·		and have of registered agent and	and applicable (NOTE:	: Registered Agent	signature required	when reinstating)		DATE			
	Filing Fee is Due by May	s \$61.25	9. Election Cam Trust Fund Ca	paign Financi		\$5.00 May Be Added to Fees	, i	Make check orida Depar			
10	Due by May	s \$61.25	9. Election Cam Trust Fund Ca	paign Financi	ing	\$5.00 May Be	Flo	Make check orida Depar	tment of S	tate	
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TITLE NAME STREET ADDRESS	STD BELFER, DIA TWO NORTH- PALM BEACH VD CURVEY, JA	OFFICERS AND DIRECT NAME BREAKERS ROW N-H, FL 33480 MES AKER ROW S-T-2	9. Election Cam Trust Fund Cam CTORS	npaign Financi ontribution. 11. THE NAME STREET ADDE	D Bel	\$5.00 May Be Added to Fees ADDITIONS/CHA	NGES TO OFFIC	Make check orida Depar ERS AND DII	trnent of S	tate	
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12. I nereby 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 totaxecute 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.

SIGNATURE:

(Victor Barnett)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/ (561) 659-2488