2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Mailing Address

Apr 07, 2008 8:00 am Secretary of State

04-07-2008 90027 026 ****61.25

DOCUMENT # N15026

Principal Place of Business

1. Entity Name
TWO NORTH BREAKERS ROW CONDOMINIUM ASSOCIATION, INC.



2 N BREAKERS ROW MANAGEMENT OFFICE 2 N BREAKERS ROW MANAGEMENT OFFICE

40059975

PALM BEACH, FL 33480				PALM BEACH, FL 33480				 				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				1					
Suite, Apt. #, etc.			Sı	Suite, Apt. #, etc.				03122008	Chg-NP	CR2E0	37 (12/06)	•
City & State			C	City & State				4. FEI Number 59-2683				plied For t Applicable
Zip Country			Zi	p	Cou	Country		5. Certificate of	of Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Regist				ed Agent		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)						
TALLAHASSEE, FL 32301												
				City .						FL	Zip Cod	# III
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 accepte obligations of registered agent.												
SIGNATURE												
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Florida Department of State					
10. OFFICERS AND DIRECTOR:				11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME	D BELFER, DIANE			I Delete		E AE	D Serchuck, J		romè		☐ Change	X Addition
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS '-ST-ZIP	2 No	orth Brea Beach F	ke33488w	N-PH	1	
TITLE NAME	VD COLIN, FRED			☐ Delete		nnle D NAME Tar		anbaum, L	isa		☐ Change	X Addition
STREET ADDRESS CITY-\$1-ZIP						EET ADDRESS (-ST-ZIP		orth Brea Beach F	kers Row	N-35		
TITLE				☐ Delete		E ME					☐ Change	☐ Addition
STREET ADDRESS 2 NORTH BREAKERS ROW N-3 CITY-ST-ZIP PALM BEACH, FL 33480			34			EET ADDRESS 7-ST-ZIP						
TITLE NAME	TD FENNELL, RICHARD			☐ Delete		.E AE					Change	Addition
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS (-St-ZIP						
TITLE	D	, MYRNA	·	☐ Delete	TITL				,		☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	2 NORTH	I BREAKERS ROW N- ACH, FL 33480	T4		STR	EET ADDRESS Y-ST-ZIP						
TITLE	S KATZ, M			☐ Delete	TITL	.E					Change	Addition
STREET ADDRESS	2 NORTH	I BREAKER ROW N-4 EACH, FL 33480	5		STR	EET ADDRESS Y-ST-ZIP						
	1 7 (LIVI DE	2.0141 - 30100										

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

(Victor J. Barnett)

13/08 (561) 659-2488

Date

Daytime Phone #