


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2006 8:00 am
Secretary of State

06-06-2006 90014 045 ****61.25

DOCUMENT # N34316 1. Entity Name THE LAKES AT BREAKERS WEST HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1560 FLAGLER PARKWAY WEST PALM BEACH FL 33411 US			Mailing Address 1560 FLAGLER PARKWAY WEST PALM BEACH FL 33411 US		
2. Principal Place of Business 107 Heron Parkway Suite, Apt. #, etc.		3. Mailing Address 107 Heron Parkway Suite, Apt. #, etc.			
City & State Royal Palm Beach, Fl.		City & State Royal Palm Beach		4. FEI Number 65-0168821	
Zip 33411		Country Palm Beach		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIS, BARBARA 107 HERON PARKWAY ROYAL PALM BCH., FL 33411			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FELDMAN, STEVEN 1266 BREAKERS WEST BLVD. WEST PALM BCH., FL 33411 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, BECKY 1249 BREAKERS WEST BOULEVARD WEST PALM BEACH FL 33411 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LIEBMAN, PETER 1346 BREAKERS WEST BLVD. WEST PALM BEACH FL 33411 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHILIPS, KATHY 1198 BREAKERS WEST BLVD. WEST PALM BCH FL 33411 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAYMAN, TERRY 1201 BREAKERS WEST BOULEVARD WEST PALM BEACH FL 33411 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Judy Suslow 1354 Breakers West Blvd. West Palm Beach, Fl. 33411 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, BARBARA 107 HERON PKWY ROYAL PALM BEACH FL 33411 <input type="checkbox"/> Delete		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 exemptions contained in Section 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: *Barbara Davis*

5/25/06 561-798-1544