

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90024 026 ****61.25

DOCUMENT # N34316

1. Entity Name
**THE LAKES AT BREAKERS WEST HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

**7207 WEST LAKE DR
LAKE CLARK SHORES, FL 33406 US**

Mailing Address

**7207 WEST LAKE DR
LAKE CLARK SHORES, FL 33406 US**

500000031



01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0168821** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOGAN, PAM
7207 WEST LAKE DR
LAKE CLARK SHORES, FL 33406**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STEPHEN FELDMAN, STEVEN
STREET ADDRESS	1266 BREAKERS WEST BLVD.
CITY-ST-ZIP	WEST PALM BCH., FL 33411
TITLE	D
NAME	MYERS, BECKY
STREET ADDRESS	1249 BREAKERS WEST BOULEVARD
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	T
NAME	LIEBMAN, PETER
STREET ADDRESS	1346 BREAKERS WEST BLVD.
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	D
NAME	SUSLOW, JUDY
STREET ADDRESS	1354 BREAKERS WEST BLVD
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 SIGNING OFFICER OR DIRECTOR

STEPHEN M. FELDMAN

3/07/08 (561) 753-1500

Date

Daytime Phone #