


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

FILED
May 31, 2006 8:00 am
Secretary of State

05-31-2006 90009 005 ****61.25

DOCUMENT # N45446	
1. Entity Name	
CLUBHOUSE ESTATES AT BREAKERS WEST HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
1560 FLAGLER PARKWAY WEST PALM BEACH FL 33411	1560 FLAGLER PARKWAY WEST PALM BEACH FL 33411

2. Principal Place of Business	3. Mailing Address
107 Heron Parkway	107 Heron Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Royal Palm Beach, Fl.	Royal Palm Beach, Fl.
Zip	Zip
33411	33411
Country	Country
Palm Beach	Palm Beach

4. FEI Number	Applied For
65-0301589	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent
BARBARA DAVIS 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

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
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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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 5/22/06 561-798-1544