2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Dec 24, 2007
Secretary of State

DOCUMENT# N45446

Entity Name: CLUBHOUSE ESTATES AT BREAKERS WEST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

107 HERON PKWY
WEST PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

107 HERON PKWY
WEST PALM BEACH, FL 33411

New Mailing Address:

2106 CHAGALL CIRCLE
WEST PALM BEACH, FL 33409

FEI Number: 65-0301589 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BARBARA DAVIS
107 HERON PARKWAY
ROYAL PALM BCH.,, FL 33411 US

Name and Address of New Registered Agent:

JENNIFER JACKSON-STRAGE
2106 CHAGALL CIRCLE
WEST PALM BEACH, FL 33409 US

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.

SIGNATURE: JENNIFER JACKSON-STRAGE 12/24/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KOSOWSKY, DAVID
Address: 1715 CLUBHOUSE ESTATES DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: ST ( ) Delete
Name: DAVIS BARBARA,
Address: 107 HARON PARKWAY
City-St-Zip: ROYAL PALM BCH.,, FL 33411

Title: VD ( ) Delete
Name: KLAWONN, BERT
Address: 1679 FLAGLER PKWY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D (X) Delete
Name: BOVERIE, RICHARD
Address: 1840 BREAKERS WEST BLVD
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: JENNIFER JACKSON-STR, AGE
Address: 2106 CHAGALL CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID KOSOWSKY PD 12/24/2007
Electronic Signature of Signing Officer or Director Date