

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45446

FILED  
Feb 13, 2008  
Secretary of State

**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:**

2106 CHAGALL CIRCLE  
WEST PALM BEACH, FL 33409

**New Mailing Address:**

**FEI Number:** 65-0301589

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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: JENNIFER JACKSON-STR, AGE  
Address: 2106 CHAGALL CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33409

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: DR. DAVID KOSOWSKY

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02/13/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date