

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90087 036 ****61.25

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1. Entity Name
BREAKERS POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
130 BREAKERS CT
PUNTA GORDA, FL 33950 US

Mailing Address
265 TAMiami TRAIL
PUNTA GORDA, FL 33950 US

94029465



2. Principal Place of Business

3. Mailing Address

100 Sullivan St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

St 112

03032004

Chg-NP

CR2E037 (10/03)

City & State

City & State

Punta Gorda FL

4. FEI Number
65-0394672

Applied For

Not Applicable

Zip

Country

Zip

Country

33950

US

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, JOAN
265 TAMiami TR
PUNTA GORDA, FL 33951

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

100 Sullivan St

St 112

City

Punta Gorda

FL

Zip Code

33950

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DST ☒ Delete
NAME KELDER, BOB
STREET ADDRESS 130 BREAKERS CT #231
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE STD ☒ Delete
NAME DAVIS, RON
STREET ADDRESS 130 BREAKERS CT #222
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE PD ☐ Delete
NAME HEARL, ROGER
STREET ADDRESS 120 BREAKERS COURT, #132
CITY-ST-ZIP PUNTA GORDA, FL 33950

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☐ Change ☒ Addition
NAME LANCE KEMP
STREET ADDRESS 130 BREAKERS CT #131
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE STD ☐ Change ☒ Addition
NAME DEANNE GUDAC
STREET ADDRESS 130 BREAKERS CT #224
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #