

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90003 009 ****61.25

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01232007 Chg-NP CR2E037 (12/06)

DOCUMENT # N93000000740 1. Entity Name BREAKERS POINT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 130 BREAKERS CT PUNTA GORDA, FL 33950 US			Mailing Address 100 SULLIVAN ST STE 112 PUNTA GORDA, FL 33950 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6025 Taylor Rd Suite, Apt. #, etc. # 2			
Suite, Apt. #, etc.		City & State Punta Gorda FL			
City & State		4. FEI Number 65-0394672			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		6. Name and Address of Current Registered Agent GREENE, JOAN 100 SULLIVAN ST STE 112 PUNTA GORDA, FL 33951	
Zip		Country		7. Name and Address of New Registered Agent Name: Star Hospitality Management Street Address (P.O. Box Number is Not Acceptable): 6025 Taylor Rd # 2 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: <u>Sherry Dantw</u> DATE: <u>2-10-07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KEMP, LANCE <input type="checkbox"/> Delete 130 BREAKERS CT #131 PUNTA GORDA, FL 33950				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS HEARL, ROGER <input type="checkbox"/> Delete 130 BREAKERS CT SUITE 132 PUNTA GORDA, FL 33950				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T STEBBINS, ROBERT <input type="checkbox"/> Delete 130 BREAKERS CT SUITE 214 PUNTA GORDA, FL 33950				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					