

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90460 006 ****61.25

DOCUMENT # N93000000740

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0394672**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WOTITZKY, EDWARD L
223 TAYLOR ST
PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

Name

JOAN Greene

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

265 TAMiami TR

City

PUNTA Gorda

FL

Zip Code

33912

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

John F. Kseem

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/23/03

FILE NOW: FEE IS \$61.25

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

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

TITLE ☐ Change ☐ Addition
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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: *R. E. Kseem*

SIGNATURE REQUIRED

2/24/03

CR2E037 (10/02)