

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005951

FILED
Mar 29, 2011
Secretary of State

Entity Name: BREAKERS POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

%PATTI H. LADWIG, P.A.
12765 W. FOREST HILL BLVD., #1312
WELLINGTON, FL 334144781 US

New Principal Place of Business:

1785 BREAKERS POINTE WAY
WEST PALM BEACH, FL 33411 US

Current Mailing Address:

%PATTI H. LADWIG, P.A.
12765 W. FOREST HILL BLVD., #1312
WELLINGTON, FL 334144781 US

New Mailing Address:

THE CONTINENTAL GROUP INC
3461-B FAIRLANE FARMS RD
WELLINGTON, FL 33414 US

FEI Number: 65-0635328

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LADWIG, PATTI HEIDLER P.A.
12765 W. FOREST HILL BLVD., #1312
WELLINGTON, FL 334144781 US

Name and Address of New Registered Agent:

LADWIG, PATTI HEIDLER PA
12765 W FOREST HILL BLVD #1312
WELLINGTON, FL 33414 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: PATTI HEIDLER LADWIG PA

03/29/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: GARFINKEL, LARRY
Address: 1785 BREAKERS POINTE WAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: VD
Name: BRUNDAGE, BIRDIE
Address: 1728 BREAKERS POINTE WAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: TD
Name: GOLDSTEIN, ERWIN
Address: 1813 BREAKERS POINTE WAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: SD
Name: RULIN, MARVIN
Address: 1925 BREAKERS POINTE WAY
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D
Name: CONROY, EUGENE
Address: 1896 BREAKERS POINTE WAY
City-St-Zip: WEST PALM BEACH, FL 33411

I hereby 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 all other like empowered.

SIGNATURE: LARRY GARFINKEL

PD

03/29/2011

Electronic Signature of Signing Officer or Director

Date