


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N99000005226 |  |
| 1. Entity Name BREAKERS COURT CONDOMINIUM ASSOCIATION, INC. | |

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| Principal Place of Business 129 BREAKERS COURT APT 132 PUNTA GORDA, FL 33950 | Mailing Address 10301 PALMGREN LN SPRING HILL, FL 34608 |
|--|--|



01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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|--|--|
| 4. FEI Number 65-0945364 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent NARDI, FRANK 10301 PALMGREN LANE SPRING HILL, FL 34608 |
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**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------|
| TITLE | PD |
| NAME | MARTIN, RONALD |
| STREET ADDRESS | 129 BREAKERS COURT #132 |
| CITY - ST - ZIP | PUNTA GORDA, FL 33950 |
| TITLE | VD |
| NAME | KENNEDY, PAUL |
| STREET ADDRESS | 129 BREAKERS COURT #132 |
| CITY - ST - ZIP | PUNTA GORDA, FL 33950 |
| TITLE | SD |
| NAME | MABEY, DIANE |
| STREET ADDRESS | 3317 GRENADA COURT |
| CITY - ST - ZIP | PUNTA GORDA, FL 33950 |
| TITLE | TD |
| NAME | NARDI, FRANK |
| STREET ADDRESS | 10301 PALMGREN LANE |
| CITY - ST - ZIP | SPRING HILL, FL 34608 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

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01/25/06-80005-005 61.25

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IN THIS SPACE**

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: Frank Nardi **FRANK NARDI TD** 1/9/06 352-688-6778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #