

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # N99000005226

1. Entity Name
BREAKERS COURT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**129 BREAKERS COURT
APT 132
PUNTA GORDA, FL 33950**

Mailing Address

**10301 PALMGREN LN
SPRING HILL, FL 34608**



01042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0945364

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NARDI, FRANK
10301 PALMGREN LANE
SPRING HILL, FL 34608**

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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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MARTIN, RONALD
129 BREAKERS COURT #132
PUNTA GORDA, FL 33950**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
KENNEDY, PAUL
129 BREAKERS COURT #132
PUNTA GORDA, FL 33950**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
MABEY, DIANE
3317 GRENADA COURT
PUNTA GORDA, FL 33950**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
NARDI, FRANK
10301 PALMGREN LANE
SPRING HILL, FL 34608**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000779059
01/11/08-80023-010 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/08

Date

352-688-6778

Daytime Phone #