

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90097 035 ****61.25

0024253

DOCUMENT # 720000

1. Entity Name

ISLAND BREAKERS - A CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

**150 OCEAN LANE DRIVE
 KEY BISCAIYNE FL 33149**

**150 OCEAN LANE DRIVE
 KEY BISCAIYNE FL 33149**

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

59-1312689

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARPER, CHILTON
 150 OCEAN LANE DRIVE
 KEY BISCAIYNE FL 33149**

Name

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

City

FL

Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registrant. Do not use if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | HARPER, CHILTON | |
| STREET ADDRESS | 150 OCEAN LANE DR. | |
| CITY-ST-ZIP | KEY BISCAIYNE FL 33149 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | RECKNOR, TERRI LYNN | |
| STREET ADDRESS | 150 OCEAN LANE DRIVE | |
| CITY-ST-ZIP | KEY BISCAIYNE FL 33149 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | PRIDGEON, ALEIDA | |
| STREET ADDRESS | 150 OCEAN LANE DRIVE | |
| CITY-ST-ZIP | KEY BISCAIYNE FL 33149 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | PESANT, JOSEPHINA | |
| STREET ADDRESS | 150 OCEAN LANE DRIVE | |
| CITY-ST-ZIP | KEY BISCAIYNE FL 33149 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | ROJAS, HILARIO | |
| STREET ADDRESS | 150 OCEAN LANE DRIVE | |
| CITY-ST-ZIP | KEY BISCAIYNE FL 33149 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | SALDARRIGIA, ANGELA | |
| STREET ADDRESS | 150 OCEAN LANE DRIVE | |
| CITY-ST-ZIP | KEY BISCAIYNE FL | |

| | | |
|----------------|----------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Jean Lardon | |
| STREET ADDRESS | 150 Ocean Lane Drive - 3G | |
| CITY-ST-ZIP | Key Biscayne, Fl 33149 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Javier Mesa | |
| STREET ADDRESS | 150 Ocean Lane Drive - 10C | |
| CITY-ST-ZIP | Key Biscayne, Fl 33149 | |

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: *[Signature]* **SIGNATURE RECKNOR & HARPER** . 2/4/02 305-361-9104

CR2E037 (9/01)