


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90305 037 ****61.25

DOCUMENT # 720000							
1. Entity Name ISLAND BREAKERS - A CONDOMINIUM, INC.							
Principal Place of Business C/O 150 OCEAN LANE DRIVE KEY BISCAYNE FL 33149			Mailing Address C/O 150 OCEAN LANE DRIVE KEY BISCAYNE 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 <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 KEY BISCAYNE FL 33149 <i>Coral Gables, Florida) 33134</i>			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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	VALLE, MARIA T		NAME	MARCIA GAGER			
STREET ADDRESS	150 OCEAN LANE DRIVE #9G		STREET ADDRESS	150 Ocean Lane Dr. #10E			
CITY-ST-ZIP	KEY BISCAYNE FL 33149		CITY-ST-ZIP	Key Biscayne - Fl. 33149			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SECRETARY LARDON, JEAN		NAME	JEAN LARDON			
STREET ADDRESS	150 OCEAN LANE DRIVE 3G		STREET ADDRESS	150 Ocean Lane dr. apt 3G			
CITY-ST-ZIP	KEY BISCAYNE FL 33149		CITY-ST-ZIP	Key Biscayne - Fl. 33149			
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	PRIDGEON, ALEIDA		NAME	Michael Mullaugh			
STREET ADDRESS	150 OCEAN LANE DRIVE, #3B		STREET ADDRESS	150 Ocean Lane Dr. Apt. 7C			
CITY-ST-ZIP	KEY BISCAYNE FL 33149		CITY-ST-ZIP	Key Biscayne, Fl. 33149			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REGIL, ALVARO		NAME				
STREET ADDRESS	150 OCEAN LANE DRIVE #4H		STREET ADDRESS				
CITY-ST-ZIP	KEY BISCAYNE FL 33149		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERNANDEZ, MARLENE		NAME				
STREET ADDRESS	105 OCEAN LANE DRIVE, #5F		STREET ADDRESS				
CITY-ST-ZIP	KEY BISCAYNE FL 33149		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	PRESIDENT.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PRESIDENT CONSUEGRA, JORGE		NAME				
STREET ADDRESS	150 OCEAN LANE DRIVE #2E		STREET ADDRESS				
CITY-ST-ZIP	KEY BISCAYNE FL 33149		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: <i>Jean Lardon</i> <i>Mar 6.05</i> <i>305-385-9064</i>							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____							



1st MOORE CR2E037 (10/04)