

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720000

FILED  
Feb 10, 2009  
Secretary of State

Entity Name: ISLAND BREAKERS - A CONDOMINIUM, INC.

**Current Principal Place of Business:**

C/O 150 OCEAN LANE DRIVE  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PROPERTY MANAGEMENT SERVICES  
8299 CORAL WAY  
MIAMI, FL 33155

**New Mailing Address:**

FEI Number: 59-1312689      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SKRLD, INC.  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: HYDE, JANE  
Address: 150 OCEAN LN DR SH  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TD ( ) Delete  
Name: LARDON, JEAN  
Address: 150 OCEAN LANE DRIVE 3G  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VPD ( ) Delete  
Name: PRIDGEN, ALERDA  
Address: 150 OCEAN LANE DRIVE, #3B  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete  
Name: VILLA, PATRICIA  
Address: 7761 WOODREST RD  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete  
Name: HERNANDEZ, MARLENE  
Address: 105 OCEAN LANE DRIVE, #5F  
City-St-Zip: KEY BISCAYNE, FL 33149

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ORTIZ, CARLOS  
Address: 105 OCEAN LANE DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JEAN LARDON

TD

02/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date