

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763871

Entity Name: BREAKER'S WEST OF BREVARD CONDOMINIUM
ASSOCIATION, INC.**Current Principal Place of Business:**2050 ATLANTIC ST # 311
MELBOURNE BEACH, FL 32951**Current Mailing Address:**2050 ATLANTIC AVE #311
MELBOURNE BEACH, FL 32951 US**FEI Number: 59-2266305****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CLAYTON & MCCULLOH
1065 MAITLAND CENTER COMMONS BLVD
MAITLAND, FL 32751 US*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

Officer/Director Detail :

Title	S
Name	CRUDO, WILLIAM
Address	2050 ATLANTIC ST #314
City-State-Zip:	MELBOURNE BEACH FL 32951

Title	T
Name	BOBBY, WALTER
Address	1950 ATLANTIC ST
City-State-Zip:	MELBOURNE BEACH FL 32951

Title	ASST. TREASURER
Name	ADAMS, LAURENCE
Address	1950 ATLANTIC ST.UNIT 223
City-State-Zip:	MELBOURNE BEACH FL 32951

Title	P
Name	SAVAGE, WILLIAM
Address	1850 ATLANTIC ST #124
City-State-Zip:	MELBOURNE BEACH FL 32951

Title	BORAD MEMBER, ASST. SECRETARY
Name	ROACH, PATRICK
Address	1850 ATLANTIC ST 122
City-State-Zip:	MELBOURNE BEACH FL 32951

Title	OFFICER
Name	MANSENG , BERNIE
Address	1850 ATLANTIC ST UNIT 113
City-State-Zip:	MELBOURNE BEACH FL 32951

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM SAVAGE**PRESIDENT****04/29/2014**

Electronic Signature of Signing Officer/Director Detail

Date