

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000000740

**Entity Name:** BREAKERS POINT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

130 BREAKERS CT  
PUNTA GORDA, FL 33950

**Current Mailing Address:**

26530 MALLARD WAY  
PUNTA GORDA, FL 33950 US

**FEI Number:** 65-0394672

**Certificate of Status Desired:** No

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

STAR HOSPITALTY MANAGEMENT  
26530 MALLARD WAY  
PUNTA GORDA, FL 33950 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 D  
Name FALLON, GREG  
Address 26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title P  
Name HOCHADEL, MICHAEL  
Address 26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title T  
Name REDMOND, SUE  
Address 26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title S  
Name CHAPMAN, LYNDA  
Address 26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

Title VP  
Name ENG, TOM  
Address 26530 MALLARD WAY  
City-State-Zip: PUNTA GORDA FL 33950

*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: LYNDA CHAPMAN**

**S**

**04/17/2025**

Electronic Signature of Signing Officer/Director Detail

Date