

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 718482

1. Entity Name
**BREAKERS OF FT. LAUDERDALE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**909 BREAKERS AVE.
FT. LAUDERDALE, FL 33304 US**

Mailing Address
**271 CROCKETT BLVD
MERRITT ISLAND, FL 32953 US**



05242006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2454526

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HODKIN, ADAM J
350 E. LAS OLAS BLVD., STE. 1440
FT. LAUDERDALE, FL 33301**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE: _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FROMER, KENNETH
909 BREAKERS AVE.
FORT LAUDERDALE, FL 33304**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WNUKOWSKI, RONALD
909 BREAKERS AVE.
FORT LAUDERDALE, FL 33304**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
MCLEOD, KEITH
909 BREAKERS AVE.
FORT LAUDERDALE, FL 33304**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
LEWELLYN, JOHN
150 EREAN STREET
MONTROSE, MI 48457**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SPENCER, DELOS
704 EAST PERKINS STREET
MEDFORD, WI 544511917**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000566415
05/31/06-80002-014 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-22-06 954-566-8900
Date Daytime Phone #