

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718482

1. Entity Name

BREAKERS OF FT. LAUDERDALE CONDOMINIUM ASSOCIATI

Principal Place of Business

909 BREAKERS AVE.  
FT. LAUDERDALE FL 33304

Mailing Address

6880 LAKE ELLENOR DR  
STE 103  
ORLANDO FL 32809  
US

2. Principal Place of Business

3. Mailing Address

21279 S. Apopka Vineland Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#607

City & State

City & State

Orlando, FL

Zip

Country

Zip

Country

32836

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIGOLA, MICHELLE C ESQ  
5340 NORTH FED HWY STE 104  
LIGHTHOUSE POINT PROF. CENTER  
LIGHTHOUSE POINT FL 33064

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COVER, MARK 7503 GREEN LAWN DRIVE HOUSTON TX 77088	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCLEOD, KEITH 2824 SCILER DR NAPERVILLE FL 60665	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENCER, DELOS 704 E. PERKINS ST. MEDFORD WI 54451	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WNUKOWSKI, RON 4061 HAGGERTY RD W BLOOMFIELD MI 4803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRAMER, KEN 500 N. EDMERE DR ALLENHURST NJ 07711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2824 Seiler Dr. 60565	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 4101 Haggerty Rd. W Bloomfield, MI 48323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ken Fromer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *R. S. [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-01 248-360-9355

Date

Daytime Phone #

FILED  
Apr 24, 2001 8:00 am  
Secretary of State

04-24-2001 90251 011 \*\*\*\*61.25

00034640



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

CR2E037 (10/00)