

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **718482**

1. Entity Name

**Breakers of Ft. Lauderdale Condominium
Association, Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

909 Breakers Avenue

Suite, Apt. #, etc.

3. Mailing Address

12179 S. Appka-Vineland Rd.

Suite, Apt. #, etc.

#607

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Orlando, FL

4. FEI Number

592454526

Applied For

Not Applicable

Zip

33304 -

Country

USA

Zip

32836 -

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Michelle C. Frigola, ESQ**

Street Address (P.O. Box Number is Not Acceptable)

**Lighthouse Point Professional Center
5340 North Fed Highway, Suite #104**

City

Lighthouse Point

FL

Zip Code

33064

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

FEE IS \$61.25

Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
Ron Wnukowski
4101 Haggerty Road
West Bloomfield, MI 48323**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
Ken Fromer
325 East Aurora Avenue
Venice, FL 34205**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**3/T
Keith McLead
2824 Seiler Drive
Naperville, IL 60565**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
John Lewellyn
150 Erian Street
Monterose, MI 48457**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
Delos Spencer
704 East Perkins Street
Medford, WI 54451-1917**

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Ron Wnukowski, President

7-27-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)