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Feb 10 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 715971 (8)**

1. Corporation Name

GALEN BREAKERS - A CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

**550 OCEAN DRIVE
KEY BISCAYNE FL 33149****550 OCEAN DRIVE
KEY BISCAYNE FL 33149-2300**

3. Date Incorporated or Qualified

01/31/1969

3a. Date of Last Report

02/27/1996

2. Principal Place of Business

2a. Mailing Address

21**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

4. FEI Number

59-1260543

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**6. Election Campaign Financing
Trust Fund Contribution ☐**\$5.00 May Be
Added to Fees**8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF
WATERFORD CENTER PARK
6161 BLUE LAGOON DR. SUITE 250
MIAMI FL 33128**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETENAME **OLDAKOWSKI, ROBERT**
STREET ADDRESS **550 OCEAN DR., 7A**
CITY-ST-ZIP **KEY BISCAYNE FL**TITLE **VP** ☒ DELETENAME **BRILL, SHIRLEY**
STREET ADDRESS **550 OCEAN DR, 5D**
CITY-ST-ZIP **KEY BISCAYNE FL**TITLE **S** ☐ DELETENAME **COOPERMAN, HAROLD**
STREET ADDRESS **550 OCEAN DR., 9C**
CITY-ST-ZIP **KEY BISCAYNE FL**TITLE **D** ☒ DELETENAME **DISHINGTON, ANDREW**
STREET ADDRESS **550 OCEAN DRIVE, 8B**
CITY-ST-ZIP **KEY BISCAYNE FL**TITLE **D** ☐ DELETENAME **ZEVGOLIS, NANCY**
STREET ADDRESS **550 OCEAN DRIVE, 7H**
CITY-ST-ZIP **KEY BISCAYNE FL**TITLE **T** ☒ DELETENAME **MCKAY, PATRICIA**
STREET ADDRESS **550 OCEAN DRIVE, 6F**
CITY-ST-ZIP **KEY BISCAYNE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**Vice President
Larry Garfield****550 Ocean Dr., 9B
Key Biscayne, FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**Secretary
Shiela Ringe
550 Ocean Dr., 7E
Key Biscayne, FL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**Director
John Gioscia
550 Ocean Dr., 2F
Key Biscayne, FL**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**Treasurer
Rosemary de la Heria
550 Ocean Dr., 4A
Key Biscayne, FL**

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Robert Oldakowski** **ROBERT OLDAKOWSKI**

1/21/97

361-1694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0030711

CR2E037 (9/96)