


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90152 001 \*\*\*\*61.25

0031795

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

**DOCUMENT # 715971**

1. Corporation Name  
**GALEN BREAKERS - A CONDOMINIUM, INC.**

Principal Place of Business 550 OCEAN DRIVE KEY BISCAVNE FL 33149	Mailing Address 550 OCEAN DRIVE KEY BISCAVNE FL 33149
-------------------------------------------------------------------------	-------------------------------------------------------------



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/31/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1260543
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF**  
**WATERFORD CENTER PARK**  
**6181 BLUE LAGOON DR. SUITE 250**  
**MIAMI FL 33126**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLDAKOWSKI, ROBERT	1.2 NAME	
STREET ADDRESS	550 OCEAN DR., 7A	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARFIELD, LARRY	2.2 NAME	TERESA BENACH
STREET ADDRESS	550 OCEAN DR., 9B	2.3 STREET ADDRESS	550 OCEAN DRIVE
CITY-ST-ZIP	KEY BISCAVNE FL 33149	2.4 CITY-ST-ZIP	KEY BISCAVNE, FL 33149
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RINGE, SHIELA	3.2 NAME	CATHERINE NOONAN
STREET ADDRESS	550 OCEAN DR., 7E	3.3 STREET ADDRESS	550 OCEAN DRIVE
CITY-ST-ZIP	KEY BISCAVNE FL	3.4 CITY-ST-ZIP	KEY BISCAVNE, FL 33149
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTOS-BUCH, CHARLES	4.2 NAME	
STREET ADDRESS	550 OCEAN DRIVE #7D	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRILO, JULIO	5.2 NAME	JOSE LOPEZ
STREET ADDRESS	550 OCEAN DRIVE #9H	5.3 STREET ADDRESS	550 OCEAN DRIVE
CITY-ST-ZIP	KEY BISCAVNE FL 33149	5.4 CITY-ST-ZIP	KEY BISCAVNE, FL 33149
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE LA HERIA, ROSEMARY	6.2 NAME	HELENE KOPP
STREET ADDRESS	550 OCEAN DR., 4A	6.3 STREET ADDRESS	550 OCEAN DRIVE
CITY-ST-ZIP	KEY BISCAVNE FL	6.4 CITY-ST-ZIP	KEY BISCAVNE, FL 33149

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: ROBERT OLDAKOWSKI 4/29/99 3053611694  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)