FILE NOV	N: FILING	FEE	IS	\$61	.25
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NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 72000 (9) 1. Corporation Name ISLAND BREAKERS - A CONDOMINIUM, INC. Principal Place of Business Mailing Address 150 OCEAN LANE DRIVE KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149										
i 						Date Incorporated or Qualified	3a. Date	of Last	Report	7
2 Disciplification					01/07/1971	05/	01/19	995		
		2a. Mailing Address	. Mailing Address			4. FEI Number 59-1312689			Applied For	
		Suite, Apt. #, etc.				39 13 12 00 9			Not Applicable	4
22						5. Certificate of Status Desired			5 Additional Required	
City & Sta	le	City & State				6. Election Campaign Financing				\dashv
23		28				Trust Fund Contribution	S5.00 May Be Added to Fees			
Zip 24	Country	Zip	Cour	itry		8. This corporation has liability for inl	angible tax u			7
24	25 9. Name and Address of Currer	29	30			Florida Statutes	Yes No)		
	3. Name and Address of Carret	it Negistered Agent		B1 Name		10. Name and Address of New Re	gistered Age	nt		7
JANOFSKY, JUDY 150 OCEAN LANE DRIVE KEY BISCAYNE FL 33149			1	33 34 City		is (P.O. Box Number is Not Acceptable)	E-1 8		o Code	
SIGNATURE	nth, and accept the obligations of, Sect Signature, typed or printed name of registered agent OFFICERS ANI	and title if applicable (NO	TE Roystered A				DATE			
TITLE	PD	XXDELETE	11 TITL	F		ADDITIONS/CHANGES TO OFFICE		HECTO hange		∤ଶ
NAME	MCSWEENEY, BETTY	27-5	1.2 NAM		PD		χjυ	nariye	Addition Addition	CR2E037 (12/95)
STREET ADDRESS	150 OCEAN LANE DRIVE		1.3 STA	J.		nofsky, Judy O Ocean Lane Driv	••		3	18
CITY-ST-ZIP	KEY BISCAYNE FL 33149		1.4 CITY	- ST - ZIP		y Biscayne, Fl.	33149	,		2 <u>E</u>
TITLE	VPD	XXDELETE	2.1 TITL		VP	-		hange	☐ Addition	∤წ
NAME	BURNS, SUE		2.2 NAM	E	Fo	nts, Bert	X	·	_	
STREET ADDRESS	150 OCEAN LANE DRIVE		23 STRE	ET ADDRESS		O Ocean Lane Driv				
CITY-ST-ZIP	KEY BISCAYNE FL 33149		2 4 0 (1)	-ST-ZIP	Ke	y Biscayne, Fl.	33149			ĺ
TITLE	JANOFSKY, JUDY	XX ^{OELETE}	3.1 THILE		TD		CI	nange	Addition	1
NAME STREET ADDRESS	150 OCEAN LANE DRIVE		3.2 NAM		Co	tė, Raymond				
CITY-ST-ZIP	KEY BISCAYNE FL 33149			ET ADDRESS	15	O Ocean Lane Driv y Biscayne, Fl	ve 33 14 9			
TITLE	SD SD	DELETE		-ST-ZIP	1/6	y Biscaylle, Fi .				Ţ
NAME	PRIDGEON, ALEIDA		4 1 TITLE	Į.			□ Ct	iange	☐ Addition	
STREET ADDRESS	150 OCEAN LANE DRIVE		4. 2 NAM							
CITY-ST-ZIP	KEY BISCAYNE FL 33149			ET ADDRESS						
TITLE	D	XXDELETE.	4.4 CITY 5.1 TITUE						**************************************	ļ
NAME	KENNEDY, TOM	A-A	5.1 THE	ļ	D Co	nsuegra, Miriam	□ur	nange	XXAddition	ĺ
STREET ADDRESS	150 OCEAN LANE DRIVE			ET ADDRESS		••				ļ
CITY-ST-ZIP	KEY BISCAYNE FL 33149		5.4 CiTY	1	1,5	O Ocean Lane Driv y Biscayne, Fl	/e			
TITLE	D	DELETE	61 TITLE		*/6	, bracaylle, F1 .	33149 □Ch	ange	Addition	1
NAME	KIPFER, MARGRIT		6.2 NAM					a. gc	ROUNDI	
STREET ADDRESS	150 OCEAN LANE DRIVE			ET ADDRESS						ļ
CITY-ST-ZIP	KEY BISCAYNE FL 33149		64 City							l

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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:

SIGNATURE AND TYPED OR PRINTED HAND OFFICER OR DIRECTOR DANDES KRY 4/16/96 355-361-9104