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**FILED**

**Feb 25 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # 720000 (9)**

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



Principal Place of Business      Mailing Address  
**150 OCEAN LANE DRIVE  
KEY BISCAYNE FL 33149**      **150 OCEAN LANE DRIVE  
KEY BISCAYNE FL 33149-1458**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**01/07/1971**      **04/24/1996**

2. Principal Place of Business      2a. Mailing Address

21 Suite, Apt. #, etc.      26 Suite, Apt. #, etc.

22 City & State      27 City & State

23 Zip      Country      29 Zip      Country

24      25      29      30

4. FEI Number      Applied For  
**59-1312689**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing            **\$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

10. Name and Address of New Registered Agent

**JANOFKY, JUDY  
150 OCEAN LANE DRIVE  
KEY BISCAYNE FL 33149**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE      PD       DELETE  
NAME      JANOFKY, JUDY  
STREET ADDRESS      150 OCEAN LANE DRIVE  
CITY - ST - ZIP      KEY BISCAYNE FL

1.1 TITLE       Change       Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE      VPD       DELETE  
NAME      FONTS, BERT  
STREET ADDRESS      150 OCEAN LANE DRIVE  
CITY - ST - ZIP      KEY BISCAYNE FL

2.1 TITLE       Change       Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE      TD       DELETE  
NAME      COTE, RAYMOND  
STREET ADDRESS      150 OCEAN LANE DRIVE  
CITY - ST - ZIP      KEY BISCAYNE FL

3.1 TITLE      TD       Change       Addition  
3.2 NAME      SILVA, IGNACIO  
3.3 STREET ADDRESS      150 OCEAN LANE DRIVE  
3.4 CITY - ST - ZIP      KEY BISCAYNE, FL. 33149

TITLE      SD       DELETE  
NAME      PRIDGEON, ALEIDA  
STREET ADDRESS      150 OCEAN LANE DRIVE  
CITY - ST - ZIP      KEY BISCAYNE FL 33149

4.1 TITLE       Change       Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE      D       DELETE  
NAME      CONSUEGRA, MIRIAM  
STREET ADDRESS      150 OCEAN LANE DRIVE  
CITY - ST - ZIP      KEY BISCAYNE FL

5.1 TITLE       Change       Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE      D       DELETE  
NAME      KIPFER, MARGRIT  
STREET ADDRESS      150 OCEAN LANE DRIVE  
CITY - ST - ZIP      KEY BISCAYNE FL 33149

6.1 TITLE      D       Change       Addition  
6.2 NAME      RECKNOR, TERRI LYNN  
6.3 STREET ADDRESS      150 OCEAN LANE DRIVE  
6.4 CITY - ST - ZIP      KEY BISCAYNE, FL. 33149

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(5)(b), 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]*      **President**      **2/18/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone # 0000000

CR2E037 (9/96)