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Mar 02 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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KEY BISCAYNE FL 33149

3. Date Incorporated or Qualified

01/07/1971

4. FEI Number

59-1312689

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

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

28 Zip

Country

24

25

29

30

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

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

TITLE TD ☒ DELETE
NAME SILVA, IGNACIO
STREET ADDRESS 150 OCEAN LANE DRIVE
CITY-ST-ZIP KEY BISCAYNE FL

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

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

TITLE D ☒ DELETE
NAME RECKNOR, TERRI LYNN
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

2.1 TITLE V-PRES/D ☒ Change ☐ Addition
2.2 NAME RECKNOR, TERRI LYNN
2.3 STREET ADDRESS 150 OCEAN LANE DRIVE
2.4 CITY-ST-ZIP KEY BISCAYNE, FL 33149

3.1 TITLE TD ☐ Change ☒ Addition
3.2 NAME SMITH, KAREN
3.3 STREET ADDRESS 150 OCEAN LANE DRIVE
3.4 CITY-ST-ZIP KEY BISCAYNE, FL 33149

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

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

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME CORTINEZ, DOMINGO
6.3 STREET ADDRESS 150 OCEAN LANE DRIVE
6.4 CITY-ST-ZIP KEY BISCAYNE, 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)(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: *Judy Janofsky* *Judy Janofsky* 2/23/98 305 301-9104

CR2E037 (10/97)