

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 02 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 720000 (9)**  
 Corporation Name  
**ISLAND BREAKERS - A CONDOMINIUM, INC.**



Principal Place of Business <b>150 OCEAN LANE DRIVE KEY BISCAIYNE FL 33149</b>	Mailing Address <b>150 OCEAN LANE DRIVE KEY BISCAIYNE FL 33149</b>
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3. Date Incorporated or Qualified <b>01/07/1971</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number <b>59-1312689</b>		
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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>JANOFSKY, JUDY 150 OCEAN LANE DRIVE KEY BISCAIYNE FL 33149</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANOFSKY, JUDY	1.2 NAME	
STREET ADDRESS	150 OCEAN LANE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONTS, BERT	2.2 NAME	<b>V. PRES/D RECKNOR, TERRI LYNN</b>
STREET ADDRESS	150 OCEAN LANE DRIVE	2.3 STREET ADDRESS	<b>150 OCEAN LANE DRIVE</b>
CITY-ST-ZIP	KEY BISCAIYNE FL	2.4 CITY-ST-ZIP	<b>KEY BISCAIYNE, FL 33149</b>
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVA, IGNACIO	3.2 NAME	<b>TD SMITH, KAREN</b>
STREET ADDRESS	150 OCEAN LANE DRIVE	3.3 STREET ADDRESS	<b>150 OCEAN LANE DRIVE</b>
CITY-ST-ZIP	KEY BISCAIYNE FL	3.4 CITY-ST-ZIP	<b>KEY BISCAIYNE, FL 33149</b>
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIDGEON, ALEIDA	4.2 NAME	
STREET ADDRESS	150 OCEAN LANE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONSUEGRA, MIRIAM	5.2 NAME	
STREET ADDRESS	150 OCEAN LANE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RECKNOR, TERRI LYNN	6.2 NAME	<b>D CORTINEZ, DOMINGO</b>
STREET ADDRESS	150 OCEAN LANE DRIVE	6.3 STREET ADDRESS	<b>150 OCEAN LANE DRIVE</b>
CITY-ST-ZIP	KEY BISCAIYNE FL	6.4 CITY-ST-ZIP	<b>KEY BISCAIYNE, FL 33149</b>

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)