

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **728490** (4)
1. Corporation Name
THE BREAKERS CONDOMINIUM ASSOCIATION, INC OF REDINGTON BEACH

Principal Place of Business Mailing Address
**1301 SEMINOLE BLVD.
STE 172
LARGO FL 34640
US**

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

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **12/21/1973** 3a. Date of Last Report **03/28/1994**
4. FEI Number **59-1629501** 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LOEFFLER, KARL
1301 SEMINOLE BLVD. STE 172
LARGO FL 34640**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------|---|---|
| TITLE | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOXWORTH, HAROLD | 1.2 NAME | |
| STREET ADDRESS | 25430 WITHROW ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BROOKSVILLE FL 34601 | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VICINO, NEIL | 2.2 NAME | |
| STREET ADDRESS | 16308 GULF BLVD., #309 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | REDINGTON BEACH FL | 2.4 CITY-ST-ZIP | |
| TITLE | PD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAYGOOD, JEAN | 3.2 NAME | |
| STREET ADDRESS | 4211 S ANITA | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 3.4 CITY-ST-ZIP | |
| TITLE | DS | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FREED, GLORIA | 4.2 NAME | |
| STREET ADDRESS | 9405 BLIND PASS RD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETE BEACH FL 33708 | 4.4 CITY-ST-ZIP | |
| TITLE | VD | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLARK, CLYDE | 5.2 NAME | |
| STREET ADDRESS | 3101 SUNSET DR. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PECK, MARY L. | 6.2 NAME | |
| STREET ADDRESS | 16308 GULF BLVD #310 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | REDINGTON BCH FL | 6.4 CITY-ST-ZIP | |

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 110.07(3)(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]* **2-19-95** (813) 837-4195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #