

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



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

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

Principal Place of Business  
**16308 GULF BLVD  
REDINGTON BEACH, FL  
33708**

Mailing Address  
**16308 GULF BLVD  
REDINGTON BEACH, FL  
33708**

3. Date Incorporated or Qualified  
**12/21/1973**

3a. Date of Last Report  
**3/15/95**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24  
Country  
25

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name  
**Libertel Mgt Group**

82 Street Address (P.O. Box Number is Not Acceptable)  
**10645 13th St. East**

83

84 City  
**Treasure Island**

85 Zip Code  
**FL 33716**

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 of 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 *Sandra B. Mortham* DATE **5-6-96**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P/D HAYGOOD, JEAN</b>	1.2 NAME	
STREET ADDRESS	<b>4211 S. ANITA BLVD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA, FL 33611</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP/D DUGNAN, BERRY</b>	2.2 NAME	
STREET ADDRESS	<b>16308 GULF BLVD # 210</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>REDINGTON BEACH, FL 33708</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S/D FREED, GLORIA</b>	3.2 NAME	
STREET ADDRESS	<b>9405 BLIND PASS RD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ST PETE BEACH, FL 33706</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T/D PECK, MARY L.</b>	4.2 NAME	
STREET ADDRESS	<b>16308 GULF BLVD # 305</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>REDINGTON BEACH, FL 33708</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLYDE CLARK</b>	5.2 NAME	<b>400001856084</b>
STREET ADDRESS	<b>3101 SUNSET DR.</b>	5.3 STREET ADDRESS	<b>-06/07/96--01073--029</b>
CITY - ST - ZIP	<b>TAMPA, FL 33629</b>	5.4 CITY - ST - ZIP	<b>***61.25</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D/ RAY ROY</b>	6.2 NAME	
STREET ADDRESS	<b>5000 POB AVE.</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TAMPA, FL 33629</b>	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 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 *Jean K Haygood* **JEAN K HAYGOOD, PRES** DATE **APR 30, 1996**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Daytime Phone #

CR2E037 (12/95)