FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90208 032 ****61.25

DOCUMENT # 728490

1. Corporation Name

THE BREAKERS	CONDOMINIUM	ASSOCIATION, INC	OF RED
NGTON BEACH			

Principal Place of Business % SAILWINDS PROPERTY MGMT. INC. 1377 CURTIS DRIVE E. CLEARWATER FL 33764-3718

2. Principal Place of Business

Mailing Address

2a. Mailing Address

26

% SAILWINDS PROPERTY MGMT. INC. P.O. BOX 8044 CLEARWATER FL 33758-8044

4 496169 - 90208 - 32

3. Date incorporated or Qualifed

12/21/1973

<u> </u> Z		120					·			
Suite, Apt	t. #, etc.	Suite,	Apt. #, etc.			4. FEI Number			}	lied For
22		27				59-162950	1			Applicable
City & Sta	ate	City 8	k State			5. Certifcate of S	Status Desired		\$8.75 A	1
23		28				5. Certificate of 3	otatus Desired	<u> </u>	Fee Req	juired
Zip	Country	Zip		Country		6. Election Cam	paign Financing		\$5.00 h	vlav Be
24	25	29	30			Trust Fund Co			Added to	· 1
	9. Name and Address of Curre			<u> </u>		10. Name and A	ddress of New Re	gistered A	jent	
				81	Name					
STANEK,	CAROL L			82	Street Ad	ldress (P.O. Box Numb	er is Not Acceptab	ile)		
# % SAILW	INDS PROPERTY MGMT, INC.									
1377 CUI	RTIS DRIVE E.			83						
	ATER FL 33764-3718			84	City	-			85 Zip C	ode
٦.					•			F <u>L</u>		
11. Pursuan	t to the provisions of Sections 617.05	02 and 617.150	8, Florida Statutes	, the above	-named co	rporation submits this	statement for the p	urpose of cl	nanging its r	registered
office or	registered agent, or both, in the State am familiar with, and accept the oblig-	ent Florida, Suc	th change was auti	honzeo by	tne corpora	ation's board of director	s. I nereby accept	tne appoint	ment as reg	istered
agent. I	am ramiliar with, and accept the oblig-	audis di, Gecuc	M 617.0303, 1 10110	ia Glatatos	•					
SIGNATURE	Signature, typed or printed name of registered age	or and title if applicat	ole (NOTE: Ri	egistered Agen	t signature requ	uired when reinstating)		DATE		
12.		ND DIRECTOR		13.			HANGES TO OFF	CERS AND	DIRECTOR	RS IN 12
TITLE			DELETE	1.1 TITLE					Change	Addition
ļ	PD			1,2 NAME						
NAME	HAYGOOD, JEAN									
STREET ADDRESS	s 4211 S. Anita BlvD			1.3 STREET	1					
CITY-ST-ZIP	TAMPA FL 33611			1.4 CITY-S	r-ZIP				Change	Addition
TITLE	∤VD		☐ DELETE	2.1 TITLE					Change	☐ Auditori
NAME '	CLARK, CLYDE			2.2 NAME						
STREET ADDRESS				2.3 STREET	ADDRESS					'
CITY-ST-ZIP	TAMPA FL 33629			2.4 CITY-S	T-ZIP					
TITLE	SD		☐ DELETE	3.1 TITLE					Change	Addition
NAME	WALKER, CHARLES			3.2 NAME						
				3.3 STREE	ADODESS					
STREET ADDRES	10000 000 0000 00000, *									
CITY-ST-ZIP	REDINGTON BEACH FL 33708	·	☐ DELETE	3.4. CITY-S	1-212	D			Change	Addition
TITLE	TD		☐ bereie	4.1 TITLE		V			7	_
NAME	PECK, MARY L			4. 2 NAME						
STREET ADDRESS	s 16308 GULF BLVD., #305			4.3 STREE	ADDRESS					
CITY-ST-ZIP	REDINGTON BEACH FL 33708	<u> </u>		4.4 CITY-S						
TITLE	-14)		☐ DELETE ☐	5.1 TITLE	-	TD			☐ Change	Addition
NAME	EDUARDO CUEL	VCA,	. /	5.2 NAME						•
STREET ADDRESS	SIL 308 GULF BL	VD. 740	7 /-	5.3 STREE	ADDRESS					
CITY-ST-ZIP	EDUARDD CUE, SIL308 GULF BL REDINGTON BEAC,	4 FL 3	3708	5.4 CITY-S	T-ZIP					
TITLE	TEDINOTOR DOIGE		DELETE	6.1 TITLE					Change	☐ Addition
				6.2 NAME					. •	
NAME					ADDRESS					
STREET ADDRES	s			5.3 STREE	AUURESS					

CITY-ST-ZIP 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, with all other like empowered.

6.4 CITY-ST-ZIP