

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728490

1. Entity Name

THE BREAKERS CONDOMINIUM ASSOCIATION, INC OF REDI

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90039 001 ****61.25

Principal Place of Business Mailing Address
 % SAILWINDS PROPERTY MGMT. INC. % SAILWINDS PROPERTY MGMT. INC.
 1377 CURTIS DRIVE E. P.O. BOX 8044
 CLEARWATER FL 33764-3718 CLEARWATER FL 33758-8044
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-1629501** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STANEK, CAROL L
 % SAILWINDS PROPERTY MGMT, INC.
 1377 CURTIS DRIVE E.
 CLEARWATER FL 33764-3718

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
1583 S. BELCHER RD.
SUITE B
 City **CLEARWATER** FL Zip Code **33764**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Carol L Stanek, Assoc. Mgr.* DATE **4/3/00**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HAYGOOD, JEAN	
STREET ADDRESS	4211 S. ANITA BLVD	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CLARK, CLYDE	
STREET ADDRESS	3101 SUNSET DRIVE	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALKER, CHARLES	
STREET ADDRESS	16308 GULF BLVD., #102	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PECK, MARY L	
STREET ADDRESS	16308 GULF BLVD., #305	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SYLVIA MCLEAN	
STREET ADDRESS	16308 GULF BLVD - #205	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDUARDO CUENCA	
STREET ADDRESS	16308 GULF BLVD - #404	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *JEAN K. HAYGOOD, PRES.* DATE: **4/17/00** DAYTIME PHONE #: **727-536-7468**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)