

001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90109 029 ****61.25

DOCUMENT # 728490

1. Entity Name
THE BREAKERS CONDOMINIUM ASSOCIATION, INC OF REDI

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 *3440 EAST LAKE RD #106 PALM HARBOR, FL 34685*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address Suite, Apt. #, etc. City & State 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
 1588 S BELCHER RD
 SUITE B
 CLEARWATER FL 33764~~
*NOLAN JAMES M
 3440 EAST LAKE RD
 #106
 PALM HARBOR, FL 34685*

7. Name and Address of New Registered Agent
 Name **FIRST CHOICE MANAGEMENT**
 Street Address (P.O. Box Number is Not Acceptable)
3440 EAST LAKE RD. SUITE # 106
 City **PALM HARBOR** FL Zip Code **34685**

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 _____ DATE _____
 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	D	<input checked="" type="checkbox"/> Delete
NAME	WALKER, CHARLES	
STREET ADDRESS	16308 GULF BLVD., #102	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCLEAN, SYLVIA	
STREET ADDRESS	16308 GULF BLVD #205	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CUENCA, EDUARDO	
STREET ADDRESS	16308 GULF BLVD #404	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	
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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Belle Foxworth</i>	
STREET ADDRESS	<i>25259 LAKE LINDSEY RD.</i>	
CITY-ST-ZIP	<i>BROOKSVILLE FL 34601</i>	
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		

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: *[Signature]* **SIGNATURE REQUIRED** 1-23-01 (727) 785-8887
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)