

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 # 728503 (4)

1. Corporation Name
SEA BREAKERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 306-307 HWY A1A, SATELLITE BCH FL 32937 US
Mailing Address: 445 RD SAIL WAY, SATELLITE BEACH FL 32937 US

3. Date Incorporated or Qualified: 12/26/1973
3a. Date of Last Report: 02/23/1995

| | | | | | | |
|----|--------------------------------|----|---------------------|----|--|---|
| 21 | 2. Principal Place of Business | 2a | Mailing Address | 4. | FEI Number | Applied For |
| | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 59-1760519 | Not Applicable |
| 22 | City & State | 27 | City & State | 5. | Certificate of Status Desired | \$8.75 Additional Fee Required |
| | | | | | <input type="checkbox"/> | |
| 23 | Zip | 28 | Zip | 6. | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| | Country | | Country | | <input type="checkbox"/> | |
| 24 | | 29 | | 8. | This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WINK, GRETCHEN
305 HWY A1A, APT 11
SATELLITE BEACH FL 32937

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 85 | Zip Code |

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 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KESSLER, KAY | 1.2 NAME | Bond, Kenneth b., III |
| STREET ADDRESS | 305 HWY A1A, UNIT 10 | 1.3 STREET ADDRESS | 395 Wilson Ave. |
| CITY-ST-ZIP | SATELLITE BCH FL 32937 | 1.4 CITY-ST-ZIP | Satellite Beach, Fl 32937 |
| TITLE | DP <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WINK, GRETCHEN | 2.2 NAME | Wink, Gretchen |
| STREET ADDRESS | 305 HWY A1A, APT. 11 | 2.3 STREET ADDRESS | 305 Hwy. A1A, Unit 11 |
| CITY-ST-ZIP | SATELLITE BCH, FL 00000 | 2.4 CITY-ST-ZIP | Satellite Beach, Fl 32937 |
| TITLE | STD <input type="checkbox"/> DELETE | 3.1 TITLE | DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, ROBERT G | 3.2 NAME | Smith, Robert G. |
| STREET ADDRESS | 445 RED SAIL WAY | 3.3 STREET ADDRESS | 445 Red Sail Way |
| CITY-ST-ZIP | SATELLITE BCH, FL 00000 | 3.4 CITY-ST-ZIP | Satellite Beach, Fl 32937 |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BOND, KEN | 4.2 NAME | Jeffrey Templeton |
| STREET ADDRESS | 307 HWY A1A #2 | 4.3 STREET ADDRESS | 8666 Pott Said Street |
| CITY-ST-ZIP | SATELLITE BCH, FL 00000 | 4.4 CITY-ST-ZIP | Orlando, Fl 32817 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MURPHY, FRANK | 5.2 NAME | Mary Anne Beasley |
| STREET ADDRESS | P O BOX 422 | 5.3 STREET ADDRESS | 912 Arabian Ave |
| CITY-ST-ZIP | FAIRLESS HILLS PA 19030 | 5.4 CITY-ST-ZIP | Winter Springs, Fl 32708 |
| TITLE | BVP <input type="checkbox"/> DELETE | 6.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PUGHESE, JOHN | 6.2 NAME | Pugliese, John |
| STREET ADDRESS | 2718 SCARLET RD | 6.3 STREET ADDRESS | 2718 Scarlet Rd. |
| CITY-ST-ZIP | WINTER PARK FL | 6.4 CITY-ST-ZIP | Winter Park, Fl 32792 |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert G. Smith
Robert G. Smith

17 Apr 96

407 977-7666

Daytime Phone #

CR2E037 (12/95)