


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **728503** (4)  
1. Corporation Name  
**SEA BREAKERS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>305-307 HWY A1A SATELLITE BCH FL 32937 US</b>	Mailing Address <b>445 RD SAIL WAY SATELLITE BEACH FL 32937-3719 US</b>
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3. Date Incorporated or Qualified <b>12/26/1973</b>	3a. Date of Last Report <b>04/24/1996</b>
4. FEI Number <b>59-1760519</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent  
**WINK, GRETCHEN  
305 HWY A1A, APT 11  
SATELLITE BEACH FL 32937**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>KESSLER, KAY</b>
STREET ADDRESS	<b>305 HWY A1A, UNIT 10</b>
CITY-ST-ZIP	<b>SATELLITE BCH FL 32937</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WINK, GRETCHEN</b>
STREET ADDRESS	<b>305 HWY A1A, APT. 11</b>
CITY-ST-ZIP	<b>SATELLITE BCH, FL 00000 32937</b>
TITLE	<del><b>SP- President</b></del> <input type="checkbox"/> DELETE
NAME	<del><b>SMITH, ROBERT G.</b></del>
STREET ADDRESS	<del><b>445 RED SAIL WAY</b></del>
CITY-ST-ZIP	<del><b>SATELLITE BCH, FL 00000 32937</b></del>
TITLE	<b>DS</b> <input type="checkbox"/> DELETE
NAME	<b>JEFFREY TEMPLETON</b>
STREET ADDRESS	<b>8866 PORT SAID STREET</b>
CITY-ST-ZIP	<b>ORLANDO FL 32817</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MURPHY, FRANK</b>
STREET ADDRESS	<b>P O BOX 422 N/A</b>
CITY-ST-ZIP	<b>FAIRLESS HILLS PA 19030</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PUGLIESE, JOHN</b>
STREET ADDRESS	<b>2718 SCARLET RD</b>
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Treasurer/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MARY ANNE BEASLEY</b>
1.3 STREET ADDRESS	<b>912 ARABIAN AVENUE</b>
1.4 CITY-ST-ZIP	<b>WINTER SPRINGS, FL 32708</b>
2.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>KENNETH L. BOND III</b>
2.3 STREET ADDRESS	<b>395 WILSON AVENUE</b>
2.4 CITY-ST-ZIP	<b>SATELLITE BEACH, FL 32937</b>
3.1 TITLE	<b>President/Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SMITH, ROBERT G.</b>
3.3 STREET ADDRESS	<b>445 RED SAIL WAY</b>
3.4 CITY-ST-ZIP	<b>SATELLITE BEACH, FL 32937</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<b>100002091011</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>-02/18/97--01112--012</b>
6.3 STREET ADDRESS	<b>**\$61.25</b>
6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)

TS 2/18

*Handwritten signature*

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