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Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 305-307 HWY A1A SATELLITE BCH FL 32937 US	Mailing Address 445 RD SAIL WAY SATELLITE BEACH FL 32937 US
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3. Date Incorporated or Qualified 12/26/1973		
4. FEI Number 59-1760519	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Robert Q. Smith	
82 Street Address (P.O. Box Number is Not Acceptable) 445 Red Sail Way	
83	
84 City Satellite Beach FL	85 Zip Code 32937

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]* DATE **6 June 1998**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> DELETE
NAME KESSLER, KAY	
STREET ADDRESS 905 HWY A1A, UNIT 10	
CITY-ST-ZIP SATELLITE BCH FL 32937	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME WINK, GRETCHEN	
STREET ADDRESS 305 HWY A1A, APT. 11	
CITY-ST-ZIP SATELLITE BCH FL 32937	
TITLE PO	<input type="checkbox"/> DELETE
NAME SMITH, ROBERT G	
STREET ADDRESS 445 RED SAIL WAY	
CITY-ST-ZIP SATELLITE BCH FL 32937	
TITLE DS	<input type="checkbox"/> DELETE
NAME JEFFREY TEMPLETON	
STREET ADDRESS 6666 PORT SAID STREET	
CITY-ST-ZIP ORLANDO FL 32817	
TITLE D	<input type="checkbox"/> DELETE
NAME MURPHY, FRANK	
STREET ADDRESS P O BOX 422 N/A	
CITY-ST-ZIP FAIRLESS HILLS PA 19030	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME PUGLIESE, JOHN	
STREET ADDRESS 2718 SCARLET RD	
CITY-ST-ZIP WINTER PARK FL 32789	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME MARY ANNE BEASLEY	
1.3 STREET ADDRESS P.O. Box 621599, 912 Arabian Ave. Winter	
1.4 CITY-ST-ZIP Oviedo, FL 32762-1599	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Gave me Ginty	
2.3 STREET ADDRESS 3 Hunter Drive	
2.4 CITY-ST-ZIP Guilford, CT 06840	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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.

SIGNATURE *[Signature]* DATE **6 June 1998**

CP2E037 (10/97)