

FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728503

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/26/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1760519
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SMITH, ROBERT G 445 RED SAIL WAY SATELLITE BEACH FL FL 32937		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BEASLEY, MARY A	1.2 NAME	William Stainworth
STREET ADDRESS	912 ARABIAN AVE	1.3 STREET ADDRESS	305 Hwy A1A, #14
CITY-ST-ZIP	WINTER SPGS FL 32708	1.4 CITY-ST-ZIP	Satellite Beach, Fl 32937
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGINTY, GENE	2.2 NAME	
STREET ADDRESS	3 HUNTER DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GUILFORD CT 06840	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROBERT G	3.2 NAME	
STREET ADDRESS	445 RED SAIL WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BCH FL 32937	3.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEFFREY TEMPLETON	4.2 NAME	
STREET ADDRESS	8666 PORT SAID STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32817	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, FRANK	5.2 NAME	
STREET ADDRESS	P O BOX 422 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRLESS HILLS PA 19030	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 recorder 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, with all other like empowered.

SIGNATURE: _____ DATE: 6 Jan 1999 DAYTIME PHONE #: 407 777-7666

CR2E037 (11/98)