

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **811808** (5)

1. Corporation Name

**BREAKWATER HOMES ASSOCIATION**



Principal Place of Business

2621 SE 21ST STREET  
FT. LAUDERDALE FL 33316

Mailing Address

2621 SE 21ST STREET  
FT. LAUDERDALE FL 33316

3. Date Incorporated or Qualified <b>04/10/1957</b>	3a. Date of Last Report <b>01/24/1995</b>
4. FEI Number <b>59-0807093</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**RUPP, WILLIAM R.**  
2190 S.E. 17TH STREET, #211  
FT. LAUDERDALE FL 33316

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Randy Rupp, Rupp Assoc*

(NOTE: Registered Agent signature required when re-registering)

*2/7/96*  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<del>TREAS</del> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BODERS, CHARLES</b>	1.2 NAME	<b>ANTHONY MANGOLD</b>
STREET ADDRESS	<b>2521 S.E. 21ST STREET</b>	1.3 STREET ADDRESS	<b>2012 S.E. 26th STREET</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	1.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33316</b>
TITLE	<del>D</del> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOLTON, JOSEPH C</b>	2.2 NAME	<b>BARBARA BORUP</b>
STREET ADDRESS	<b>2005 SE 26TH TERR</b>	2.3 STREET ADDRESS	<b>2611 S.E. 21st STREET</b>
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 00000</b>	2.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33316</b>
TITLE	<del>SEC</del> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCGEEHAN, NORMA</b>	3.2 NAME	
STREET ADDRESS	<b>2013 SE 26TH AVENUE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<del>D</del> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOGAN, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>2625 SE 20TH ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<del>P</del> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCLAUGHLIN, GEO</b>	5.2 NAME	
STREET ADDRESS	<b>2605 SE 20TH ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 00000</b>	5.4 CITY-ST-ZIP	
TITLE	<del>DIR.</del> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TWOROGER, LUISE</b>	6.2 NAME	
STREET ADDRESS	<b>2009 SE 26TH AVENUE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Norma Mc Geehan (Norma McGeehan)* 2/6/96 305-524-5868  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)