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Apr 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 811808 (5)

1. Corporation Name

BREAKWATER HOMES ASSOCIATION

Principal Place of Business

Mailing Address

2621 S.E. 21 ST.
FORT LAUDERDALE, FL.
33316

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FORT LAUDERDALE, FL.
33316

3. Date Incorporated or Qualified

4/10/1957

3a. Date of Last Report

2/12/1996

4. FEI Number

59-0807093

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUPP WILLIAM R.
2190 S.E. 17 ST. #211
FORT LAUDERDALE, FL.
33316

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 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

Signature (Type name of Florida Registered agent, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P-T	DELETE
NAME	BORDERS, CHARLES	
STREET ADDRESS	2521 S.E. 21 ST	
CITY-ST-ZIP	FT. LAUD, FL 33316	
TITLE	DBORUP BARBARA	DELETE
NAME	2611 SE 26T	
STREET ADDRESS	FTLAUD 33316	
CITY-ST-ZIP		
TITLE	S	DELETE
NAME	MCGEEHAN, NORMA	
STREET ADDRESS	2013 S.E. 26 AM	
CITY-ST-ZIP	FT LAUD FL 33316	
TITLE	D	DELETE
NAME	MCLAUGHLIN, GEO	
STREET ADDRESS	2605 S.E. 26 ST	
CITY-ST-ZIP	FT LAUD FL 33316	
TITLE	D	DELETE
NAME	TWOROGER, LUISE	
STREET ADDRESS	2009 SE 26 AML	
CITY-ST-ZIP	FT LAUD FL 33316	
TITLE	D	DELETE
NAME	STOKE, Geo.	
STREET ADDRESS	2017 SE 26 TERR	
CITY-ST-ZIP	FT LAUD FL 33316	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	KP	Change	Addition
12 NAME	MANGOLD, ANTHONY		
13 STREET ADDRESS	2012 SE 26 AML		
14 CITY-ST-ZIP	FT LAUD FL 33316		
21 TITLE		Change	Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		Change	Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		Change	Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		Change	Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		Change	Addition
62 NAME	200002132052		
63 STREET ADDRESS	-04/02/97--01124--021		
64 CITY-ST-ZIP	***165.00		

14. I certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information included 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. 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 on Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: Norma McGeehan (NORMA MCGEEHAN) 3-11-97 954-594-5868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)