

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-13-2002 90036 027 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 811808

1. Entity 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

42018



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0807093

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUPP, WILLIAM R.
1702 CORDOVA RD #2
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	KNOCHENHAUER, ARTHUR DR.	
STREET ADDRESS	2020 SE 26TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	J	<input type="checkbox"/> Delete
NAME	GATUSSO, JOHN Pres.	
STREET ADDRESS	1925 SO OCEAN DRIVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33318	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCGEEHAN, NORMA Sec. TREAS.	
STREET ADDRESS	2013 SE 26TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MANGOLD, ANTHONY	
STREET ADDRESS	2012 SE 26TH AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000 33316	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOETTLE, JACQUELINE DR. V. Pres.	
STREET ADDRESS	2609 SE 20TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33318	
TITLE	D	<input type="checkbox"/> Delete
NAME	STOKOE, JANET DR.	
STREET ADDRESS	2017 SE 26TH TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KURT AJMANN	
STREET ADDRESS	2021 SE 26TH AVE	
CITY-ST-ZIP	FT LAUD 33316	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBT FOGAN	
STREET ADDRESS	2625 SE 20TH ST D.	
CITY-ST-ZIP	FT LAUD FL 33316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Norma McGeehan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 23, 2002

Date

Days/Time Phone #

954-524-5868

CR2E034 (9/01)