FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N14531

(0)

BREAKAWAY TRAILS HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business Mailing Address | | | | | | | | | | |
|--|---|----------------------------------|----------------|--------------|--|--|----------------|---------------|-----------------------------|--|
| | | | | | | | | | | |
| 6 Breakway Trail 16 Breakway Trail Irmond Beach Fl 32174 Ormond Beach Fl 321744 | | | 6745 | 45 | | | | | | |
| | | | | | | 3. Date incorporated or Qualified 04/22/1986 | 3a. D | ate of Last P | leport 6 | |
| | lace of Business | 2a. Mailing Address | | | | 4. FEI Number 59-2772963 | 1 | A | pplied For | |
| Suite, Apt. | #, elc. | Suite, Apt. #, etc. | | | | Certificate of Status Desired | | \$8.75 | ot Applicable Additional | |
| 22 City 8 Ctat | ^ | City & State | | | | | | | equired | |
| City & State | | 28 | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | |
| Zip Country | | Zip Country | | | 8. This corporation has liability for li | | | | | |
| 24 | 25 | 29 30 | | | ļ | Florida Statutes | | | | |
| | 9. Name and Address of Curre | nt Registered Agent | | , | | 10. Name and Address of New Reg | jistered | Agent | | |
| | | | 81 | i N | ame | | | | | |
| BAUMANN | n, Karla l | 82 Street Ad | | treet Addres | ss (P.O. Box Number is Not Acceptab | e) | | | | |
| MANAGEF | | | 83 | | | · | | | | |
| | (AWAY TR | | 8 | 1 | | | | | | |
| ORMOND | BCH FL 32174 | | 84 | С | ity | | FL | 85 Zip | Code | |
| 11. Pursuant | to the provisions of Sections 617.05 | 02 and 617.1508, Florida Statu | tes, the above | /e-na | med corpor | ration submits this statement for the pin's board of directors. I hereby accept | urpose c | f changing i | ts registered | |
| agent La | egistered agent, or both, in the Statem familiar with, and accept the obliq | gations of, Section 617.0503, Fi | lorida Statute | ушне 35. | 3 corporation | n's board or directors. I hereby accep | true abl | JOHNSHILL 68 | , registeren | |
| SIGNATURE | | | | | | | | | | |
| | Signature, typed or printed name of registered a | | | jent sk | griature required | when reinstating) | DATE | D DIDECTO | DC IN 10 | |
| 12. | P OFFICERS AF | ND DIRECTORS DELETE | 13. | | | ADDITIONS/CHANGES TO OFFIC | EHS AN | Change | Addition | |
| NAME | BRANDON, GERALD | | 1.2 NAME | | D | IADI DO DINN | | onange | A Padition | |
| STREET ADDRESS | 7 FAWN PASS WAY | | 1.3 STREE | | | IARLES DUNN CARRIAGE CREEK | WAV | | | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | | 1.4 CITY- | | | RMOND BEACH, FL 3 | | 1 | | |
| TITLE | V | ☐ DELETE | 2.1 TITLE | | D | OND DENOM PD 3 | 41.1- | Change | Addition | |
| NAME | BRADLEY, ANN | | 2.2 NAME | | | EIL RAHUSEN | | | • | |
| STHEFT ADDRESS | 6 FOREST VIEW WAY | | 2.3 STAES | T ADD | RESS 30 | CURVED CREEK WAY | | | | |
| DITY-ST-ZIP | ORMOND BEACH FL 32174 | | 2. 4 CITY | - ST - ZI | IP OF | RMOND BEACH, FL 3 | 2174 | 1 | | |
| TITLE | \$ | ☐ DELETE | 3.1 TITLE | | D | ······································ | *** | Change | Addition | |
| NAME | MURPHY, NICOLETTE | | 3.2 NAME | | - | CI/TED GARN | | | | |
| STREE1 ADDRESS | 17 NOBLE WOODS WAT | | 3.3 STREE | T ADD | | 359 BEVILLE ROAD | | | | |
| CITY - \$1 - ZIP | ORMOND BEACH FL 32174 | | 3.4. CITY | -ST-ZI | P OF | MOND BEACH, FL 3 | 217 | 1 | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | | | | * Change | Addition | |
| NAME | BOLJEN, FREDERICK | | 4. 2 NAM | E | | | | | | |
| STREET ADDRESS | 11 FOREST VIEW WAY | | 43 STREE | T ADD | aess | | | | | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | | 4.4 CITY- | | Р | | | | · | |
| TITLE | D | ☐ DELETE | 5.1 TITLE | | | | | Change | Addition | |
| NAME | ARENA, ANTHONY | | 5.2 NAME | | ļ | | | | | |
| STREET ADDRESS | 28 CREEK BLUFF WAY | | 5.3 STREE | T ADD | RESS | | | | | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | | 5.4 CITY- | | P | | | | | |
| TOTLE | D | ☐ DELETE | 6.1 TITLE | | | | | Change | Addition | |
| NAME | DAVIS, LAWRENCE | | 6.2 NAME | | | | | | | |
| STREET ADDRESS | 28 SHADOW CREEK WAY | | 6.3 STREE | T ADD | RESS | | | | | |
| CITY-ST-ZIP | ORMOND BEACH FL 32174 | | 6.4 CITY- | ST-ZII | P | | | | | |

14. I do 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:

Charles E. Dunn 2/14/97 (904)673-0901

FILED

Feb 26 1997 8:00am

Secretary of State

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