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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

DOCUMENT # N14531

1. Corporation Name

BREAKAWAY TRAILS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

16 BREAKWAY TRAIL
ORMOND BEACH FL 32174

Mailing Address

16 BREAKWAY TRAIL
ORMOND BEACH FL 32174



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/22/1986

4. FEI Number

59-2772963

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

9. Name and Address of Current Registered Agent

BAUMANN, KARLA L
MANAGER
16 BREAKAWAY TR
ORMOND BCH FL 32174

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE **P**
NAME **BRANDON, GERALD**
STREET ADDRESS **7 FAWN PASS WAY**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **D**
NAME **BRADLEY, ANN**
STREET ADDRESS **6 FOREST VIEW WAY**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **V**
NAME **MURPHY, NICOLETTE**
STREET ADDRESS **17 NOBLE WOODS WAT**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **D**
NAME **AMICO, JIM**
STREET ADDRESS **9 COQUINA RIDGE WAY**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **D**
NAME **WEITE, BETTY**
STREET ADDRESS **10 CURVED CREEK WAY**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE **D**
NAME **DAVIS, LAWRENCE**
STREET ADDRESS **28 SHADOW CREEK WAY**
CITY-ST-ZIP **ORMOND BEACH FL 32174**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

V
Buonamano, Anthony
4 Creek Branch Way
Ormond Beach, FL 32174

D
McCarthy, Peter
12 Crescent Lake Way
Ormond Beach, FL 32174

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-18-99 (904) 673-0901

CR2E037 (11/98)