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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000005951**

1. Corporation Name
BREAKERS POINTE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4500 PGA BOULEVARD SUITE 400 PALM BEACH GARDENS FL 33418	4500 PGA BOULEVARD SUITE 400 PALM BEACH GARDENS FL 33418

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/18/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0635328 ☐ Applied For ☐ Not Applicable
City & State 23 WEST PALM BEACH, FL	City & State 28 WEST PALM BEACH, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 33411 25 USA	Zip / Country 29 33411 30 USA	6. Election Campaign Financing ☐ $5.00 May Be Trust Fund Contribution Added to Fees

9. Name and Address of Current Registered Agent

HATHAWAY, CHARLES H
4500 PGA BOULEVARD
SUITE 400
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name: ERWIN GOLDSTEIN
82 Street Address (P.O. Box Number is Not Acceptable): 1813 BREAKERS POINTE WAY
83
84 City: WEST PALM BEACH, FL FL 85 Zip Code: 33411

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 X [signature] ERWIN GOLDSTEIN PRESIDENT 1/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	VD	☐ Change ☒ Addition
NAME	OWEN, JACK B JR		1.2 NAME	JOHN KAY	
STREET ADDRESS	4500 PGA BLVD #400		1.3 STREET ADDRESS	1826 BREAKERS POINTE WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	PD	☒ DELETE	2.1 TITLE	P/D	☐ Change ☒ Addition
NAME	HATHAWAY, CHARLES H		2.2 NAME	ERWIN GOLDSTEIN	
STREET ADDRESS	4500 PGA BOULEVARD, SUITE 400		2.3 STREET ADDRESS	1813 BREAKERS POINTE WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	STD	☒ DELETE	3.1 TITLE	S/D	☐ Change ☒ Addition
NAME	SHANNON, WILLIAM E		3.2 NAME	BIRDIE BRUNDAGE	
STREET ADDRESS	4500 PGA BOULEVARD, SUITE 400		3.3 STREET ADDRESS	1728 BREAKERS POINTE WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418		3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE		☐ DELETE	4.1 TITLE	T/D	☐ Change ☒ Addition
NAME			4.2 NAME	RICHARD ROLES	
STREET ADDRESS			4.3 STREET ADDRESS	1757 BREAKERS POINTE WAY	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: X SIGNATURE REQUIRED ERWIN GOLDSTEIN 1/99 561 795 4783
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #