

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Wanda B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

DOCUMENT # 720000 (9)

55 MAY - 1 7 11 0:56

ISLAND BREAKERS - A CONDOMINIUM, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
150 OCEAN LANE DRIVE KEY BISCAVNE FL 33149		150 OCEAN LANE DRIVE KEY BISCAVNE FL 33149	
2. Principal Place of Business	2a. Mailing Address	21	26
22	27	23	28
24	25	29	30

3. Date incorporated or Qualified	3a. Date of Last Report
01/07/1971	05/27/1994
4. FEI Number	Applied For
59-1312689	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JANOFSKY, JUDY 150 OCEAN LANE DRIVE KEY BISCAVNE FL 33149				01	Name		
				02	Street Address (P.O. Box Number is Not Acceptable)		
				03			
				04	City		
				FL	05	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: *Judy Janofsky* DATE: 4/10/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	*MCSWEENEY, BETTY	12 NAME	
STREET ADDRESS	150 OCEAN LANE DRIVE	13 STREET ADDRESS	
CITY, ST, ZIP	KEY BISCAVNE FL 33149	14 CITY, ST, ZIP	
TITLE	VPD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, SUE	22 NAME	
STREET ADDRESS	150 OCEAN LANE DRIVE	23 STREET ADDRESS	
CITY, ST, ZIP	KEY BISCAVNE FL 33149	24 CITY, ST, ZIP	
TITLE	TD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JANOFSKY, JUDY	32 NAME	
STREET ADDRESS	150 OCEAN LANE DRIVE	33 STREET ADDRESS	
CITY, ST, ZIP	KEY BISCAVNE FL 33149	34 CITY, ST, ZIP	
TITLE	SD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRIDGEON, ALEIDA	42 NAME	
STREET ADDRESS	150 OCEAN LANE DRIVE	43 STREET ADDRESS	
CITY, ST, ZIP	KEY BISCAVNE FL 33149	44 CITY, ST, ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, TOM	52 NAME	
STREET ADDRESS	150 OCEAN LANE DRIVE	53 STREET ADDRESS	
CITY, ST, ZIP	KEY BISCAVNE FL 33149	54 CITY, ST, ZIP	
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIPFER, MARGRIT	62 NAME	
STREET ADDRESS	150 OCEAN LANE DRIVE	63 STREET ADDRESS	
CITY, ST, ZIP	KEY BISCAVNE FL 33149	64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Judy Janofsky* DATE: 4/10/95