

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **720000** (9)

1. Corporation Name
ISLAND BREAKERS - A CONDOMINIUM, INC.



Principal Place of Business: **150 OCEAN LANE DRIVE KEY BISCAIYNE FL 33149**
Mailing Address: **150 OCEAN LANE DRIVE KEY BISCAIYNE FL 33149**

3. Date Incorporated or Qualified: **01/07/1971**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Zip

4. FEI Number: **59-1312689**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**JANOFSKY, JUDY
150 OCEAN LANE DRIVE
KEY BISCAIYNE FL 33149**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCSWEENEY, BETTY	
STREET ADDRESS	150 OCEAN LANE DRIVE	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, SUE	
STREET ADDRESS	150 OCEAN LANE DRIVE	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JANOFSKY, JUDY	
STREET ADDRESS	150 OCEAN LANE DRIVE	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PRIDGEON, ALEIDA	
STREET ADDRESS	150 OCEAN LANE DRIVE	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KENNEDY, TOM	
STREET ADDRESS	150 OCEAN LANE DRIVE	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIPFER, MARGRIT	
STREET ADDRESS	150 OCEAN LANE DRIVE	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Janofsky, Judy	
1.3 STREET ADDRESS	150 Ocean Lane Drive	
1.4 CITY-ST-ZIP	Key Biscayne, Fl. 33149	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fonts, Bert	
2.3 STREET ADDRESS	150 Ocean Lane Drive	
2.4 CITY-ST-ZIP	Key Biscayne, Fl. 33149	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Coté, Raymond	
3.3 STREET ADDRESS	150 Ocean Lane Drive	
3.4 CITY-ST-ZIP	Key Biscayne, Fl 33149	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Consegueira, Miriam	
5.3 STREET ADDRESS	150 Ocean Lane Drive	
5.4 CITY-ST-ZIP	Key Biscayne, Fl 33149	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: *Judith Janofsky* **JUDITH JANOFSKY** Date: **4/16/96** 305-361-9104 Daytime Phone #

CR2E037 (12/95)