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Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **728503** **(4)**

1. Corporation Name

SEA BREAKERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
305-307 HWY A1A SATELLITE BCH FL 32937 US	445 RD SAIL WAY SATELLITE BEACH FL 32937 US

3. Date Incorporated or Qualified: 12/26/1973

4. FEI Number: 59-1760519 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)

Suite, Apt. #, etc. (22)

City & State (23)

Zip (24) Country (25)

2a. Mailing Address (26)

Suite, Apt. #, etc. (27)

City & State (28)

Zip (29) Country (30)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WINK, GRETCHEN
305 HWY A1A, APT 11
SATELLITE BEACH FL FL 32937

10. Name and Address of New Registered Agent

81 Name: Robert G. Smith
82 Street Address (P.O. Box Number is Not Acceptable): 445 Red Sail Way
83
84 City: Satellite Beach FL 85 Zip Code: 32937

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 _____ 6 June 1998
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	D	☒ DELETE	1.1 TITLE	TD	☐ Change ☒ Addition
NAME	KESSLER, KAY		1.2 NAME	Mary Anne Beasley	
STREET ADDRESS	305 HWY A1A, UNIT 10		1.3 STREET ADDRESS	P.O. Box 621599, 912 Arabian Ave. Winter	
CITY-ST-ZIP	SATELLITE BCH FL 32937		1.4 CITY-ST-ZIP	Oviedo, Fl 32762-1599 Sprs, Fl 32708	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	WINK, GRETCHEN		2.2 NAME	Gene McGinty	
STREET ADDRESS	305 HWY A1A, APT. 11		2.3 STREET ADDRESS	3 Hunter Drive	
CITY-ST-ZIP	SATELLITE BCH FL 32937		2.4 CITY-ST-ZIP	Guilford, CT 06840	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, ROBERT G		3.2 NAME		
STREET ADDRESS	445 RED SAIL WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BCH FL 32937		3.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JEFFREY TEMPLETON		4.2 NAME		
STREET ADDRESS	6666 PORT SAID STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32817		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, FRANK		5.2 NAME		
STREET ADDRESS	P O BOX 422 N/A		5.3 STREET ADDRESS		
CITY-ST-ZIP	FAIRLESS HILLS PA 19030		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PUGLIESE, JOHN		6.2 NAME		
STREET ADDRESS	2718 SCARLET RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE _____ 407-