

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2000 8:00 am
Secretary of State

02-19-2000 90012 016 ****61.25

613400



DO NOT WRITE IN THIS SPACE

DOCUMENT # 720000

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

Principal Place of Business 150 OCEAN LANE DRIVE KEY BISCAYNE FL 33149	Mailing Address 150 OCEAN LANE DRIVE KEY BISCAYNE FL 33149-1458
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 59-1312689	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JANOFSKY, JUDY
150 OCEAN LANE DRIVE
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **DOMINGO CORTINEZ** **FEB 9, 2000**
Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME PD JANOFSKY, JUDY STREET ADDRESS 150 OCEAN LANE DRIVE CITY-ST-ZIP KEY BISCAYNE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME VPD RECKNOR, TERRI LYNN STREET ADDRESS 150 OCEAN LANE DRIVE CITY-ST-ZIP KEY BISCAYNE FL 33149	<input type="checkbox"/> Delete
TITLE NAME TD KREPLAK, FABIO STREET ADDRESS 150 OCEAN LANE DR., APT 10B CITY-ST-ZIP KEY BISCAYNE FL 33149	<input checked="" type="checkbox"/> Delete
TITLE NAME SD PRIDGEON, ALEIDA STREET ADDRESS 150 OCEAN LANE DRIVE CITY-ST-ZIP KEY BISCAYNE FL 33149	<input type="checkbox"/> Delete
TITLE NAME D CONSUEGRA, MIRIAM STREET ADDRESS 150 OCEAN LANE DRIVE CITY-ST-ZIP KEY BISCAYNE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME D DOMINGO, CORTINEZ STREET ADDRESS 150 OCEAN LANE DRIVE CITY-ST-ZIP KEY BISCAYNE FL 33149	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME PD Domingo Cortinez STREET ADDRESS 150 Ocean Lane Dr. - CITY-ST-ZIP Key Biscayne, FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D Recknor, Terri Lynn	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VPD Consuegra, Miriam STREET ADDRESS 150 Ocean Lane Drive CITY-ST-ZIP Key Biscayne, FL.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D DeNigro, Lilian STREET ADDRESS 150 Ocean Lane Drive CITY-ST-ZIP Key Biscayne, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D Silva, Ignatio STREET ADDRESS 150 Ocean Lane Drive CITY-ST-ZIP Key Biscayne, FL.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D Saldarrigia, Angela STREET ADDRESS 150 Ocean Lane Drive CITY-ST-ZIP Key Biscayne, FL.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **DOMINGO CORTINEZ** **FEB 9, 2000** **305-361-9104**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)