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DIVISION OF CORPORATIONS

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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 718482 (3)

1. Corporation Name

BREAKERS OF FT. LAUDERDALE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

909 BREAKERS AVE.
FT. LAUDERDALE FL 33304

909 BREAKERS AVE.
FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/11/1970

3a. Date of Last Report

04/19/1994

4. FEI Number

59-2454526

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 3045 PONTIAC BLVD

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

29 Country

27 KISSIMMEE, FL

28 34746

29 USA

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

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEYERS, STEVEN, P.A.
ONE BISCAYNE TOWER, SUITE 3550
TWO SOUTH BISCAYNE BLVD
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE V/D
NAME SVINSKY, SEYMOUR
STREET ADDRESS 909 BREAKERS AVE
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE P/D
NAME MOLRO, RONALD S
STREET ADDRESS 909 BREAKERS AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33304

TITLE S/D
NAME GALLAGHER, ELIZABETH
STREET ADDRESS 1901 NE 51 ST., #4
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE T/D
NAME GRABARNICK, GENE
STREET ADDRESS 909 BREAKERS AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D
NAME WNOWSKI, RON
STREET ADDRESS 909 BREAKERS AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE V/D
NAME AXELROD, CARLIN
STREET ADDRESS 909 BREAKERS AVE
CITY-ST-ZIP FT. LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 110.07(3)(b), Florida Statutes. I further certify that the information contained 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, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

0000408