FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State
03-09-1999 90019 002 ****62.25

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DOCUMENT # 718482

1. Corporation Name

BREAKERS OF FT. LAUDERDALE CONDOMINUIM ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
909 BREAKERS AVE. FT.LAUDERDALE FL 33304	3045 POLYNESIAN ISLES BLVD KISSIMMEE FL 34746 US

2. Principal Place of Business 21	2a. Mailing Address 26 6880 Lake Ellenor Dr.	3. Date Incorporated or Qualifed 05/11/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 103	4. FEI Number 59-2454526 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Orlando, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 32809 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name: Michelle C. Frigola, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 5340 North Federal Hwy, Suite 104
83: Lighthouse Point Professional Center
84 City: Lighthouse Point FL 85 Zip Code: 33064

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: Michelle C. Frigola — Michelle C. Frigola, Esq — 1/13/99
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	PD	☑ DELETE	1.1 TITLE	VD	☐ Change ☑ Addition
NAME	MOLKO, RONALD S		1.2 NAME	Mark Cover	
STREET ADDRESS	909 BREAKERS AVE.		1.3 STREET ADDRESS	7503 Green Lawn Drive	
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	Houston, TX 77088	
TITLE	S	☑ DELETE	2.1 TITLE	STD	☐ Change ☑ Addition
NAME	MEYERS, NEIL		2.2 NAME	Keith McLeod	
STREET ADDRESS	C/O RESORT WORLD 2758 POINCIANA BLVD		2.3 STREET ADDRESS	2824 Sciler Dr.	
CITY-ST-ZIP	KISSIMMEE FL		2.4 CITY-ST-ZIP	Naperville, IL 605565	
TITLE	TD	☑ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	GRABARNICK, GENE		3.2 NAME	Charles Wise	
STREET ADDRESS	909 BREAKERS AVE.		3.3 STREET ADDRESS	P.O. Box 485	
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP	Elizabethtown, KY 42702-0485	
TITLE	D	☐ DELETE	4.1 TITLE	President/D	☑ Change ☐ Addition
NAME	WNUKOWSKI, RON		4.2 NAME		
STREET ADDRESS	4061 HAGGERTY RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	W BLOOMFIELD MI 4803		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME			5.2 NAME	Billy Wilks	
STREET ADDRESS			5.3 STREET ADDRESS	6880 Lake Ellenor Drive	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Orlando, FL 32809	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: Ron SIGNATURE REQUIRED — 1/13/99 — 954 560-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)