FILED
Aug 21, 2002 8:00 am
Secretary of State
08-21-2002 90086 016 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 718482

1. Entity Name
Breakers of Ft. Lauderdale Condominium Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
909 Breakers Avenue	12179 S. Apopka-Vineland Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc. #607
City & State: Ft. Lauderdale, FL	City & State: Orlando, FL
Zip: 33304 Country: USA	Zip: 32836 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 592454526 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Michelle C. Frigola, ESQ
Street Address (P.O. Box Number is Not Acceptable): Lighthouse Point Professional Center
5340 North Fed Highway, Suite #104
City: Lighthouse Point FL Zip Code: 33064

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 _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	P	TITLE	
NAME	Ron Wnukowski	NAME	
STREET ADDRESS	4101 Haggerty Road	STREET ADDRESS	
CITY-ST-ZIP	West Bloomfield, MI 48323	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	Ken Fromer	NAME	
STREET ADDRESS	325 East Aurora Avenue	STREET ADDRESS	
CITY-ST-ZIP	Venice, FL 34285	CITY-ST-ZIP	
TITLE	S/T	TITLE	
NAME	Keith McLeod	NAME	
STREET ADDRESS	2824 Seiler Drive	STREET ADDRESS	
CITY-ST-ZIP	Naperville, IL 60565	CITY-ST-ZIP	**DO NOT WRITE**
TITLE	D	TITLE	
NAME	John Lewellyn	NAME	**IN THIS SPACE**
STREET ADDRESS	150 Erean Street	STREET ADDRESS	
CITY-ST-ZIP	Monterose, MI 48457	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	DeLos Spencer	NAME	
STREET ADDRESS	704 East Perkins Street	STREET ADDRESS	
CITY-ST-ZIP	Medford, WI 54451-1917	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ron Wnukowski President 7-27-02
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #