FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 720000 (9)

1. Corporation Number

ISLAND BREAKERS - A CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
150 OCEAN LANE DRIVE KEY BISCAYNE FL 33149	150 OCEAN LANE DRIVE KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1971
3a. Date of Last Report: 05/27/1994
4. FEI Number: 59-1312689 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

JANOFSKY, JUDY
150 OCEAN LANE DRIVE
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 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: Judith D. Janofsky 4/10/95
Signature of (or printed name of) registered agent and the date. (NOTE: Registered agent signature not required when reinstating) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	*MCSWEENEY, BETTY	12 NAME		
STREET ADDRESS	*150 OCEAN LANE DRIVE	13 STREET ADDRESS		
CITY ST ZIP	*KEY BISCAYNE FL 33149	14 CITY ST ZIP		
TITLE	VPD	21 TITLE		☐ Change ☐ Addition
NAME	BURNS, SUE	22 NAME		
STREET ADDRESS	150 OCEAN LANE DRIVE	23 STREET ADDRESS		
CITY ST ZIP	KEY BISCAYNE FL 33149	24 CITY ST ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	JANOFSKY, JUDY	32 NAME		
STREET ADDRESS	150 OCEAN LANE DRIVE	33 STREET ADDRESS		
CITY ST ZIP	KEY BISCAYNE FL 33149	34 CITY ST ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	PRIDGEON, ALEIDA	42 NAME		
STREET ADDRESS	150 OCEAN LANE DRIVE	43 STREET ADDRESS		
CITY ST ZIP	KEY BISCAYNE FL 33149	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	KENNEDY, TOM	52 NAME		
STREET ADDRESS	150 OCEAN LANE DRIVE	53 STREET ADDRESS		
CITY ST ZIP	KEY BISCAYNE FL 33149	54 CITY ST ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	KIPFER, MARGRIT	62 NAME		
STREET ADDRESS	150 OCEAN LANE DRIVE	63 STREET ADDRESS		
CITY ST ZIP	KEY BISCAYNE FL 33149	64 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 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: Judith D. Janofsky ASST VP 4/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

0000200