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FILED

Feb 25 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 720000 (9)

1. Corporation 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 33149-14583. Date Incorporated or Qualified  
01/07/19713a. Date of Last Report  
04/24/19964. FEI Number  
59-1312689Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

JANOFKY, JUDY  
150 OCEAN LANE DRIVE  
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME JANOFKY, JUDY  
STREET ADDRESS 150 OCEAN LANE DRIVE  
CITY - ST - ZIP KEY BISCAYNE FLTITLE VPD ☐ DELETE  
NAME FONTS, BERT  
STREET ADDRESS 150 OCEAN LANE DRIVE  
CITY - ST - ZIP KEY BISCAYNE FLTITLE TD ☒ DELETE  
NAME COTE, RAYMOND  
STREET ADDRESS 150 OCEAN LANE DRIVE  
CITY - ST - ZIP KEY BISCAYNE FLTITLE SD ☐ DELETE  
NAME PRIDGEON, ALEIDA  
STREET ADDRESS 150 OCEAN LANE DRIVE  
CITY - ST - ZIP KEY BISCAYNE FL 33149TITLE D ☐ DELETE  
NAME CONSUEGRA, MIRIAM  
STREET ADDRESS 150 OCEAN LANE DRIVE  
CITY - ST - ZIP KEY BISCAYNE FLTITLE D ☒ DELETE  
NAME KIPFER, MARGRIT  
STREET ADDRESS 150 OCEAN LANE DRIVE  
CITY - ST - ZIP KEY BISCAYNE FL 33149

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 - ZIP2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME TD  
3.3 STREET ADDRESS SILVA, IGNACIO  
3.4 CITY - ST - ZIP 150 OCEAN LANE DRIVE  
KEY BISCAYNE, FL. 331494.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME D  
6.3 STREET ADDRESS RECKNOR, TERRI LYNN  
6.4 CITY - ST - ZIP 150 OCEAN LANE DRIVE  
KEY BISCAYNE, FL. 33149

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.03(5)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CR2E037 (9/96)