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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 720000

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/07/1971

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

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 FL

TITLE VPD ☐ DELETE
NAME RECKNOR, TERRI LYNN
STREET ADDRESS 150 OCEAN LANE DRIVE
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE TD ☒ DELETE
NAME ~~SMITH, KAREN~~
STREET ADDRESS 150 OCEAN LANE DRIVE
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE SD ☐ DELETE
NAME PRIDGEON, ALEIDA
STREET ADDRESS 150 OCEAN LANE DRIVE
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE D ☐ DELETE
NAME CONSUEGRA, MIRIAM
STREET ADDRESS 150 OCEAN LANE DRIVE
CITY-ST-ZIP KEY BISCAYNE FL

TITLE D ☐ DELETE
NAME DOMINGO, CORTINEZ
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-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 YD
3.3 STREET ADDRESS FABIO KREPLAK
150 OCEAN LANE DRIVE APT 108
3.4 CITY-ST-ZIP KEY BISCAYNE, FL 33149

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 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)