

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 21 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **722646** (7)
1. Corporation Name
THE ORMOND BREAKERS CONDOMINIUM ASSOCIATION, INC

Principal Place of Business Mailing Address
2100 OCEAN SHORE BOULEVARD ORMOND BEACH FL 32176-3156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/10/1972	3a. Date of Last Report 03/30/1994
4. FEI Number 59-1512691	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$0.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 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
**HEINZ BARTEL
2100 OCEAN SHORE BLVD #217
ORMOND BCH FL 32176**

10. Name and Address of New Registered Agent

81 Name Claud Lapsley
82 Street Address (P.O. Box Number is Not Acceptable) 2100 Ocean Shore Blvd. #302
83
84 City Ormond Beach, FL
85 Zip Code 32176

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 *Claud Lapsley* **PRESIDENT** DATE **4-18-95**

12. OFFICERS AND DIRECTORS

TITLE P	NAME HEINZ BARTEL	STREET ADDRESS 2100 OCEAN SHORE BLVD #217	CITY-ST-ZIP ORMOND BCH FL 32176
TITLE DVP	NAME WITT, JAMES E.	STREET ADDRESS 2100 OCEAN SHORE BLVD #206	CITY-ST-ZIP ORMOND FL 32176
TITLE SD	NAME UTTERBERG, BOBBIE	STREET ADDRESS 2100 OCEAN SHORE BLVD #306	CITY-ST-ZIP ORMOND BCH FL 32176
TITLE TD	NAME DIXON, DOLORES	STREET ADDRESS 2100 OCEAN SHORE BLVD #101	CITY-ST-ZIP ORMOND BCH FL 32176
TITLE DAS	NAME WALKER, JOSEPH	STREET ADDRESS 2100 OCEAN SHORE BLVD #116	CITY-ST-ZIP ORMOND BCH FL 32176
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Claud Lapsley	
1.3 STREET ADDRESS 2100 Ocean Shore Blvd. #302	
1.4 CITY-ST-ZIP Ormond Beach, FL 32176	
2.1 TITLE DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Lee Richards	
2.3 STREET ADDRESS 2100 Ocean Shore Blvd. #309	
2.4 CITY-ST-ZIP Ormond Beach, FL 32176	
3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Leroy H. Clausen	
3.3 STREET ADDRESS 2100 Ocean Shore Blvd. #101	
3.4 CITY-ST-ZIP Ormond Beach, FL 32176	
4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Same as SD	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE DAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME No Change	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE DAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME Richard Davis	<input checked="" type="checkbox"/>
6.3 STREET ADDRESS 2100 Ocean Shore Blvd. #118	
6.4 CITY-ST-ZIP Ormond Beach, FL 32176	

14. I do hereby certify that the information applied with this filing is voluntarily furnished and does not qualify for the exemption under Section 118.01(4), 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: *Claud Lapsley* **PRESIDENT** DATE **4-18-95** 904-441-0160

SIGNATURE MUST BE TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CLAUD LAPSLEY