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 16 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729915 (9)

1. Corporation Name

BREEZY POINT CONDOMINIUM, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~910 HURON COURT~~ ~~103~~ ~~MARCO ISLAND FL 33937~~ ~~US~~	~~910 HURON COURT~~ ~~103~~ ~~MARCO ISLAND FL 33937~~ ~~US~~

3. Date Incorporated or Qualified: 06/11/1974
3a. Date of Last Report: 06/28/1994
4. FEI Number: 59-1604950 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o Resort Management	26 c/o Resort Management
Suite, Apt. #, etc. 22 834 Bald Eagle Drive	Suite, Apt. #, etc. 27 834 Bald Eagle Drive
City & State 23 Marco Island, FL	City & State 28 Marco Island, FL
Zip / Country 24 33937 / 25 USA	Zip / Country 29 33937 / 30 USA

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

9. Name and Address of Current Registered Agent

~~MARSHALL, JAMES~~
~~910 HURON CT~~
~~APT 103~~
~~MARCO ISLAND FL 33937~~

10. Name and Address of New Registered Agent

81 Name: RESORT MANAGEMENT
82 Street Address (P.O. Box Number is Not Acceptable): 834 Bald Eagle Drive
83
84 City: Marco Island **FL** 85 Zip Code: 33937

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: X Phyllis B. Shively — 5-11-95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	T	11 TITLE		☐ Change ☐ Addition
NAME	JOY, JACK	12 NAME		
STREET ADDRESS	11719 CANDIZ RD	13 STREET ADDRESS		
CITY-ST-ZIP	CAMBRIDGE OH	14 CITY-ST-ZIP		
TITLE	~~DS~~	21 TITLE	P/D	☒ Change ☐ Addition
NAME	SHIVELY, PHYLLIS	22 NAME		
STREET ADDRESS	464 VAN CAMP SQUARE	23 STREET ADDRESS		
CITY-ST-ZIP	GREENWOOD IN	24 CITY-ST-ZIP		
TITLE	~~D~~	31 TITLE	S/D	☒ Change ☐ Addition
NAME	MENDENHALL, EDWARD	32 NAME		
STREET ADDRESS	1 LEDGEVIEW LN.	33 STREET ADDRESS		
CITY-ST-ZIP	BRUNSWICK ME	34 CITY-ST-ZIP		
TITLE	P	41 TITLE	VP/D	☒ Change ☐ Addition
NAME	~~HULL, JOHN~~	42 NAME	BRITTAIN, JOHN	
STREET ADDRESS	~~8355 BEACON HILL~~	43 STREET ADDRESS		
CITY-ST-ZIP	~~CINCINNATI OH~~	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	FICHTER, ROBERT	52 NAME		
STREET ADDRESS	6116 RIDGEWAY DR.	53 STREET ADDRESS		
CITY-ST-ZIP	WOODRIDGE IL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(k), 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: X Phyllis B. Shively — X 5-11-95 — X 813-394-9742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018799