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Apr 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **729915** (9)

1. Corporation Name

BREEZY POINT CONDOMINIUM, INC.

Principal Place of Business

C/O RESORT MGMT
834 BALD EAGLE DRIVE
MARCO ISLAND FL 33937
US

Mailing Address

C/O RESORT MGMT
834 BALD EAGLE DRIVE
MARCO ISLAND FL 34145-2543
US

3. Date Incorporated or Qualified
06/11/1974

3a. Date of Last Report
04/10/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 **P.O. Box 2244**

27 Suite, Apt. #, etc.

28 **MARCO ISLAND FL**

29 Zip

34146

30 Country

4. FEI Number

59-1604950

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARSHALL, JAMES
RESORT MGMT
834 BALD EAGLE DRIVE
MARCO ISLAND FL 33937

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

RICK VACON

RESORT MANAGEMENT

834 BALDEAGLE DR

MARCO ISLAND

FL

34145

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

Rick Vacano

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **JOY, JACK**
STREET ADDRESS **11719 CANDIZ RD**
CITY - ST - ZIP **CAMBRIDGE OH**

TITLE ☐ DELETE

NAME **PD SHIVELY, PHYLLIS**
STREET ADDRESS **464 VAN CAMP SQUARE**
CITY - ST - ZIP **GREENWOOD IN**

TITLE ☐ DELETE

NAME **SD LATIMER, DEE**
STREET ADDRESS **880 HURON CT #208**
CITY - ST - ZIP **MARCO ISLAND FL**

TITLE ☐ DELETE

NAME **VPD BRITTAIN JOHN**
STREET ADDRESS **8355 BEACON HILL**
CITY - ST - ZIP **CINCINNATI OH**

TITLE ☒ DELETE

NAME **D FICHTER, ROBERT**
STREET ADDRESS **6116 RIDGEWAY DR.**
CITY - ST - ZIP **WOODBRIDGE IL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

D JACK CASEY
880 HURON CT #107
MARCO ISLAND, FL. 34145

14. I do 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.

SIGNATURE:

Robert Fichter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-12-97

Date

941-394-9742

Daytime Phone # 0080617

CR2E037 (9/96)