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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 729915

1. Corporation Name
BREEZY POINT CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
C/O RESORT MGMT 834 BALD EAGLE DRIVE MARCO ISLAND FL 33937 US	P O BOX 2244 MARCO ISLAND FL 34146 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/11/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1604950 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

YACONO, RICK
RESORT MANAGEMENT
834 BALDEAGLE DR
MARCO ISLAND FL 34145

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JOY, JACK		1.2 NAME	
STREET ADDRESS	11719 CANDIZ RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE OH		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SHIVELY, PHYLLIS		2.2 NAME	
STREET ADDRESS	464 VAN CAMP SQUARE		2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWOOD IN		2.4 CITY-ST-ZIP	
TITLE	SD	☑ DELETE	3.1 TITLE	☑ Change ☐ Addition
NAME	LATIMER, DEE		3.2 NAME	SD
STREET ADDRESS	880 HURON CT #208		3.3 STREET ADDRESS	McLean, Barbara
CITY-ST-ZIP	MARCO ISLAND FL		3.4 CITY-ST-ZIP	P.O. Box 342 Whitefield, N.H. 03598
TITLE	VPD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BRITTAIN JOHN		4.2 NAME	
STREET ADDRESS	8355 BEACON HILL		4.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CASEY, JACK		5.2 NAME	
STREET ADDRESS	880 HURON CT #107		5.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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: P. Shively SIGNATURE REQUIRED P. Shively 4-6-99 941-394-9742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)