NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 729915

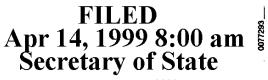
1. Corporation Name

BREEZY POINT CONDOMINIUM, INC.

Mailing Address

P O BOX 2244 MARCO ISLAND FL 34146

US



04-14-1999 90114 031 ****61.25

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2. Principal Pl	cipal Place of Business 2a. Mailing Address					Date Incorporated or Qualifed						
21	26					l	06/11/1974					
	Suite, Apt. #, etc. Suite, Apt. #, etc.						4. FEI Number			pplied For		
22	27			•			59-1604950		N	ot Applicable		
City & State City & State							E. O. Wester of Chabus Desired		\$8.75	Additional		
23	28						5. Certifcate of Status Desired	ш	Fee R	equired		
Zip	Country Zip			Country			6. Election Campaign Financing		\$5.00	May Be		
24	25 29 30						Trust Fund Contribution		Added to Fees			
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent							
					81 Name							
VACONO DICK					DO DO MANAGEMENT							
YACONO, RICK					82 Street Address (P.O. Box Number is Not Acceptable)							
RESORT MANAGEMENT									· · · · ·			
834 BALDEAGLE DR												
MARCO ISLAND FL 34145				84 City					85 Zip	Code		
		45-01		named a		tion authorite this statement for the	FL.	changing it	s registered			
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										egistered		
agent. I a	m familiar, with, and accept the obligati	ons of, Section 617.0503, Florid	la Statu	ites.	•					ļ		
SIGNATURE	C DAR OF A											
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register				signature rec	quired wh		DATE NIGES TO OFFICERS AND DIRECTORS IN 12				
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO CI	TIOLING AIN	Change			
TITLE				1.1 TITLE								
NAME				1.2 NAME								
STREET ADDRESS	***************************************			1.3 STREET ADDRESS						j		
CITY-ST-ZIP	CAMBRIDGE OH 1			1.4 CITY-ST-ZIP								
TITLE	PD				2.1 TITLE				Change	Addition		
NAME	SHIVELY, PHYLLIS		2.2 NA	2.2 NAME								
STREET ADDRESS	ss 464 VAN CAMP SQUARE		2.3 STREET		ADDRESS :							
CITY-ST-ZIP	GREENWOOD IN		2.4 CITY-ST-ZIP									
TITLE	SD DELETE 3.			3.1 TITLE SE					Change	☐ Addition		
NAME	LATIMER, DEE						ean, Barbara			1		
STREET ADDRESS			3.3 ST				Box 342					
CITY-ST-ZIP	AND GO TO A SER OF						tefield, N.H.	03598	2			
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NAME				AME								
STREET ADDRESS				4.3 STREET ADDRESS						}		
				4.4 CITY-ST-ZIP								
CITY-ST-ZIP TITLE				5.1 TITLE					Change	Addition		
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NAME	TOOK INDONECT #407			5.3 STREET ADDRESS								
STREET ADDRESS				5.4 CITY-ST-ZIP								
CITY-ST-ZIP.	DELETE 6.1T				-217				Change	☐ Addition		
TILE.	62N				1							
NAME	1				4000000							
STREET ADDRESS	iness:				ADDRESS							
CITY-ST-ZIP			6.4 CI	TY-ST	-ZIP		1 440 07(0)(i) Flade Statutes	I further one				

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 trustete 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 PROLIBER SLIVE LY

4-6-99

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