

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 748678 (0)

1. Corporation Name

**BREAKWATERS OF THE PALM BEACHES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: % COMPLETE PROPERTY MGMT INC. 701 U.S. HWY 1 SUITE 101 NORTH PALM BEACH FL 33408  
Mailing Address: % COMPLETE PROPERTY MGMT INC. 701 U.S. HWY 1 SUITE 101 NORTH PALM BEACH FL 33408

3. Date Incorporated or Qualified: 08/28/1979  
3a. Date of Last Report: 03/31/1995

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2084015	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip	28	City & State			
23	Country	29	Country	6	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Country	30	Country	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

COMPLETE PROPERTY MGMT INC.  
% FRED SWARNER  
701 U.S. HWY 1 SUITE 101  
NORTH PALM BEACH FL 33408

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	VP
NAME	DILLINGHAM, ROBERT	1.2 NAME	Irving Young
STREET ADDRESS	500 EXECUTIVE CENTER DR	1.3 STREET ADDRESS	500 Executive Cntr. Dr. # 5J
CITY-ST-ZIP	W PALM BCH, FL 00000	1.4 CITY-ST-ZIP	W Palm Bch., FL 33401
TITLE	D	2.1 TITLE	T
NAME	SKOGMO, SERENE	2.2 NAME	Leslie Lee
STREET ADDRESS	480 EXECUTIVE CENTER DRIVE	2.3 STREET ADDRESS	500 Executive Cntr. Dr. #
CITY-ST-ZIP	W PALM BCH, FL 00000	2.4 CITY-ST-ZIP	W Palm Bch. FL 33401
TITLE	SD	3.1 TITLE	D
NAME	HANDY, CLAIRE	3.2 NAME	Father D'agostino
STREET ADDRESS	480 EXECUTIVE CTR DR	3.3 STREET ADDRESS	480 Executive Cntr. Dr # 5A
CITY-ST-ZIP	W PALM BCH, FL 00000	3.4 CITY-ST-ZIP	W Palm Bch., FL 33401
TITLE	PD	4.1 TITLE	D
NAME	BUCCI, DANTE	4.2 NAME	OTTO Hoglievina
STREET ADDRESS	480 3-J EXECUTIVE CENTER DR	4.3 STREET ADDRESS	500 Executive Cntr. Dr. # 1W
CITY-ST-ZIP	W PALM BCH FL	4.4 CITY-ST-ZIP	W Palm Bch. FL 33401
TITLE	D	5.1 TITLE	D
NAME	STEIN, JULIUS	5.2 NAME	Steve Wisniewski
STREET ADDRESS	480 EXECUTIVE CENTER DR	5.3 STREET ADDRESS	500 Executive Cntr. Dr. # 1L
CITY-ST-ZIP	W PALM BEACH FL	5.4 CITY-ST-ZIP	W Palm Bch FL 33401
TITLE	VD	6.1 TITLE	
NAME	HOGH, LAURA	6.2 NAME	
STREET ADDRESS	480 EXECUTIVE CENTER DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	6.4 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: \_\_\_\_\_

DANTE BUCCI

4/17/96

312-1999

CR2E037 (12/95)