


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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 33408-4587
---	--

3. Date Incorporated or Qualified 08/28/1979	3a. Date of Last Report 04/24/1996
--	--

2. Principal Place of Business 21 4239 Northlake Blvd. (Suite, Apt. #, etc.) D	2a. Mailing Address 26 4239 Northlake Blvd. (Suite, Apt. #, etc.) D
City & State 23 Palm Beach Gardens, FL	City & State 28 Palm Beach Gardens, FL
Zip 24 33410	Country 25 USA
Zip 29 33410	Country 30 USA

4. FEI Number 59-2084015	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

B1 Name **Complete Property Management**
B2 Street Address (P.O. Box Number is Not Acceptable)
4239 Northlake Blvd., Ste D
B3
B4 City **Palm Beach Gardens** FL B5 Zip Code **33410**

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

TITLE	V <input type="checkbox"/> DELETE
NAME	YOUNG, IRVING
STREET ADDRESS	500 EXECUTIVE CENTER DR #5J
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SKOGMO, SERENE
STREET ADDRESS	480 EXECUTIVE CENTER DRIVE
CITY-ST-ZIP	W PALM BCH, FL 00000
TITLE	SD <input type="checkbox"/> DELETE
NAME	HANDY, CLAIRE
STREET ADDRESS	480 EXECUTIVE CTR DR
CITY-ST-ZIP	W PALM BCH, FL 00000
TITLE	PD <input type="checkbox"/> DELETE
NAME	BUCCI, DANTE
STREET ADDRESS	480 3-J EXECUTIVE CENTER DR
CITY-ST-ZIP	W PALM BCH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	STEIN, JULIUS
STREET ADDRESS	480 EXECUTIVE CENTER DR
CITY-ST-ZIP	W PALM BEACH FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	LEE, LESLIE
STREET ADDRESS	500 EXECUTIVE CENTER DR
CITY-ST-ZIP	WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Father D'Agostino
1.3 STREET ADDRESS	480 Executive Center Dr. #5A
1.4 CITY-ST-ZIP	West Palm Beach, FL 33401
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	OTTO Hoglievina
2.3 STREET ADDRESS	500 Executive Center Dr. #1N
2.4 CITY-ST-ZIP	West Palm Beach, FL 33401
3.1 TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ken Hepworth
4.3 STREET ADDRESS	480 Executive Center Dr. #2L
4.4 CITY-ST-ZIP	West Palm Beach, FL 33401
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Steve Wisniewski
5.3 STREET ADDRESS	500 Executive Center Dr. #1L
5.4 CITY-ST-ZIP	West Palm Beach, FL 33401
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Kenny Menard
6.3 STREET ADDRESS	470 Executive Center Dr. #5A
6.4 CITY-ST-ZIP	West Palm Beach, FL 33401

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 _____ DATE **4/18/97**

CR2E037 (9/96)