


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 748678 (0)**

1. Corporation Name  
**BREAKWATERS OF THE PALM BEACHES CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>4239 NORTHLAKE BLVD STE #D PALM BEACH GARDENS FL 33410 US</b>	Mailing Address <b>4239 NORTHLAKE BLVD STE #D PALM BEACH GARDENS FL 33410 US</b>
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3. Date Incorporated or Qualified  
**08/28/1979**

4. FEI Number  
**59-2084015**

Applied For	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**COMPLETE PROPERTY MGMT INC.  
4239 NORTHLAKE BLVD  
STE #D  
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>YOUNG, IRVING</b>	
STREET ADDRESS	<b>500 EXECUTIVE CENTER DR #5J</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SKOGMO, SERENE</b>	
STREET ADDRESS	<b>480 EXECUTIVE CENTER DRIVE</b>	
CITY-ST-ZIP	<b>W PALM BCH, FL 00000</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>HANDY, CLAIRE</b>	
STREET ADDRESS	<b>480 EXECUTIVE CTR DR</b>	
CITY-ST-ZIP	<b>W PALM BCH, FL 00000</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BUCCI, DANTE</b>	
STREET ADDRESS	<b>480 3-J EXECUTIVE CENTER DR</b>	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>D'AGOSTINO, FATHER</b>	
STREET ADDRESS	<b>480 EXECUTIVE CENTER DR, #5A</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOGUEVINA, OTTO</b>	
STREET ADDRESS	<b>500 EXECUTIVE CENTER DR, #1N</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>Ⓚ Kenneth Menard</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>470 Executive Center DR, #5A</b>	
6.3 STREET ADDRESS	<b>WPB FL 33401</b>	
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.

SIGNATURE: *Claire P. Handy* *Chire P. Handy* *3/14/98* *(560626278)*

CFR2007 (10/97)