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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 748678

1. Corporation Name

BREAKWATERS OF THE PALM BEACHES CONDOMINIUM ASSO  
CIATION, INC.

Principal Place of Business

4239 NORTHLAKE BLVD  
STE #D  
PALM BEACH GARDENS FL 33410  
US

Mailing Address

4239 NORTHLAKE BLVD  
STE #D  
PALM BEACH GARDENS FL 33410  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

08/28/1979

4. FEI Number

59-2084015

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME YOUNG, IRVING  DELETE  
STREET ADDRESS 500 EXECUTIVE CENTER DR #5J  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D  
NAME SKOGMO, SERENE  DELETE  
STREET ADDRESS 480 EXECUTIVE CENTER DRIVE  
CITY-ST-ZIP W PALM BCH, FL 00000

TITLE ST  
NAME HANDY, CLAIRE  DELETE  
STREET ADDRESS 480 EXECUTIVE CTR DR  
CITY-ST-ZIP W PALM BCH, FL 00000

TITLE D  
NAME MENARD, KENNETH  DELETE  
STREET ADDRESS 470 EXECUTIVE CENTER DR #5A  
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE D  
NAME D'AGOSTINO, FATHER  DELETE  
STREET ADDRESS 480 EXECUTIVE CENTER DR, #5A  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT  Change  Addition  
1.2 NAME RICHARD WILLIAMS  
1.3 STREET ADDRESS 470 EXECUTIVE CENTER DR 2F  
1.4 CITY-ST-ZIP WEST PALM BEACH FL

2.1 TITLE VP  Change  Addition  
2.2 NAME MASSAUD KAYE  
2.3 STREET ADDRESS 470 EXECUTIVE CENTER DR #3A  
2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE D Ken Hepworth  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS 480 Executive Center Drive # 2L  
4.4 CITY-ST-ZIP West Palm Beach, FL 33401

5.1 TITLE D Bill Morgan  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS 470 Executive Center Drive # 1L  
5.4 CITY-ST-ZIP West Palm Beach, FL 33401

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE REQUIRED

Massaud Kaye 3/22/99  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)