

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90161 029 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 748678**  
 1. Entity Name  
**BREAKWATERS OF THE PALM BEACHES CONDOMINIUM ASSO**

Principal Place of Business      Mailing Address  
 4239 NORTHLAKE BLVD      4239 NORTHLAKE BLVD  
 STE #D      STE #D  
 PALM BEACH GARDENS FL 33410      PALM BEACH GARDENS FL 33410-6234  
 US      US

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number      Applied For  
**59-2084015**      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

6. Name and Address of Current Registered Agent  
**COMPLETE PROPERTY MGMT INC.**  
**4239 NORTHLAKE BLVD**  
**STE #D**  
**PALM BEACH GARDENS FL 33410**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

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

**FILE NOW: FEE IS \$61.25**      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WILLIAMS, RICHARD</b> <b>470 EXECUTIVE CENTER DR 2F</b> <b>WEST PALM BEACH FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Irving Young</b> <b>500 Executive Center Dr. # 5J</b> <b>W. Palm Beach, FL 33401</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>KAYE, MASSOUD</b> <b>470 EXECUTIVE CENTER DR 33A</b> <b>W PALM BEACH FL 33401</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT</b> <b>Steve Wisniewski</b> <b>500 Executive Center Dr. # 1L</b> <b>W Palm Beach FL 33401</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>HANDY, CLAIRE</b> <b>480 EXECUTIVE CTR DR</b> <b>W PALM BCH, FL 00000</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Elizabeth Smith</b> <b>480 Executive Center Dr. # 5E</b> <b>W Palm Beach FL 33401</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HEPWORTH, KEN</b> <b>480 EXECUTIVE CENTER DRIVE #26</b> <b>WEST PALM BEACH FL 33401</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MORGAN, BILL</b> <b>470 EXECUTIVE CENTER DR. #16</b> <b>WEST PALM BEACH FL 33401</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Kathy McLendon</b> <b>500 Executive Center Dr. # 4J</b> <b>W Palm Beach, FL 33401</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Gerard Carpinella</b> <b>480 Executive Center Drive #5G</b> <b>W Palm Beach FL 33401</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elizabeth Smith      3/30/00      626-2778  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)