

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-05-2002 90291 003 ****61.25

DOCUMENT # 748678

1. Entity Name

**BREAKWATERS OF THE PALM BEACHES CONDOMINIUM ASSO
 CIATION, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2084015

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**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	P YOUNG, IRVING <input checked="" type="checkbox"/> Delete 500 EXECUTIVE CENTER DRIVE #5J WEST PALM BEACH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WISNIEWSKI, STEVE <input checked="" type="checkbox"/> Delete 500 EXECUTIVE CENTER DRIVE #1L W PALM BEACH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEPWORTH, KEN <input type="checkbox"/> Delete 480 EXECUTIVE CENTER DRIVE #26 WEST PALM BEACH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLENDON, KATHY <input checked="" type="checkbox"/> Delete 500 EXECUTIVE CENTER DRIVE #11 WEST PALM BEACH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, ELIZABETH <input checked="" type="checkbox"/> Delete 480 EXECUTIVE CENTER DRIVE #5E WEST PALM BEACH FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RICK GAMES, D 470 EXECUTIVE CENTER DR #1A WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ROBERT LANCETTE, D, SIT 470 EXECUTIVE CENTER DR, #4N WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PRESIDENT, D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition ERIC MORGAN 470 EXECUTIVE CENTER DR, #1L WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WAYNE SUMMERS, D, VP 500 EXECUTIVE CENTER DR, # 4L WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (9/01)

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: **Robert LANCETTE, D, SIT**
 PRESIDENT

04/18/02 564-684-2846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #