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Feb 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **749254** (9)

1. Corporation Name

THE BREAKERS CONDOMINIUM ASSOCIATION OF MELBOURNE BEACH, INC.

Principal Place of Business

Mailing Address

**2051 ATLANTIC AVENUE
MELBOURNE BEACH FL 32951**

**2051 ATLANTIC AVENUE
MELBOURNE BEACH FL 32951-2407**

3. Date Incorporated or Qualified
10/09/1979

3a. Date of Last Report
02/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KURZ, BILL
2105 ATLANTIC AVE #631
MELBOURNE BCH FL 32951**

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 **T** ☐ DELETE
NAME **KURZ, BILL**
STREET ADDRESS **2105 ATLANTIC AVENUE #631**
CITY-ST-ZIP **MELBOURNE BEACH FL**

TITLE **PD** ☒ DELETE
NAME **SMITH, KATHY**
STREET ADDRESS **1805 ATLANTIC AVENUE, #131**
CITY-ST-ZIP **MELBOURNE BEACH FL**

TITLE **VD** ☒ DELETE
NAME **METZGER, RITA**
STREET ADDRESS **2101 ATLANTIC AVENUE #513**
CITY-ST-ZIP **MELBOURNE BEACH FL**

TITLE **D** ☒ DELETE
NAME **GUINN, DEE**
STREET ADDRESS **2207 ATLANTIC AVE**
CITY-ST-ZIP **MELBOURNE BCH FL**

TITLE **S** ☒ DELETE
NAME **BRUTON, LOIS**
STREET ADDRESS **2203 ATLANTIC AVE #716**
CITY-ST-ZIP **MELBOURNE BCH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME **RITA METZGER**
2.3 STREET ADDRESS **2101 ATLANTIC AVE #513**
2.4 CITY-ST-ZIP **MELBOURNE BCH FL 32951**

3.1 TITLE **VD** ☒ Change ☐ Addition
3.2 NAME **DEE QUINN**
3.3 STREET ADDRESS **2207 ATLANTIC AVE #825**
3.4 CITY-ST-ZIP **MELBOURNE BCH FL 32951**

4.1 TITLE **S** ☐ Change ☒ Addition
4.2 NAME **MANUIN D. SJOBORG**
4.3 STREET ADDRESS **2203 ATLANTIC AVE #712**
4.4 CITY-ST-ZIP **MELBOURNE BCH FL 32951**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **KANAW JUNKWIC**
5.3 STREET ADDRESS **1903 ATLANTIC AVE #214**
5.4 CITY-ST-ZIP **MELBOURNE BCH FL 32951**

6.1 TITLE **200002098392** ☐ Change ☐ Addition
6.2 NAME **-02/26/97--01056--002**
6.3 STREET ADDRESS *****61.25**
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0019862**

CR2E037 (9/96)