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Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751035 (7)

1. Corporation Name
THE BREAKERS ASSOCIATION V, INC.



Principal Place of Business Mailing Address
% PONTE VEDRA CLUB REALTY, INC
280 PONTE VEDRA BLVD.
PONTE VERDA BEACH FL 32082

3. Date Incorporated or Qualified 02/13/1980
3a. Date of Last Report 04/08/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip

24 Country 29 Country

25 Country 30 Country

4. FEI Number 59-2125726
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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PONTE VEDRA CLUB REALTY INC
C/O EILENE E. EDWARDS
280 PONTE VEDRA BLVD.
PONTE VEDRA BEACH FL 32082

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 Eilene E. Edwards 1-7-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CHAMBERS, DOROTHY
STREET ADDRESS 7800 BELFOND PARKWAY SUITE 225
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE
1.2 NAME DOROTHY CHAMBERS
1.3 STREET ADDRESS 6267 DUPONT STATION COURT
1.4 CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE DT
NAME WRIGHT, GADNER
STREET ADDRESS P.O. BOX 1118 NA
CITY-ST-ZIP CALHOUN GA

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME PAYNE, MARY B
STREET ADDRESS 27 MOOREGATE SQUARE
CITY-ST-ZIP ATLANTA GA 30327

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

TITLE VD
NAME KELLY, DAVID
STREET ADDRESS 3822 COURTYARD DRIVE
CITY-ST-ZIP ATLANTA GA

4.1 TITLE VD
4.2 NAME FANNING, MELVIN
4.3 STREET ADDRESS 6151 KINGOLEY LAKE DR.
4.4 CITY-ST-ZIP STARKE, FL. 32091

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: Dorothy B. Chambers 1-14-97 (904) 733-0103
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0001166

CR2E037 (9/96)