NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 751216

FILED Feb 27, 1999 8:00 am Secretary of State 02-27-1999 90067 021 ****61.25

| THE BREAKERS AT BOCA CONDOMINIUM ASSOCIATION, IN C. | | | | | |
|--|---|-------------------------------|-----------------------|----------------|---|
| Principal Place of Business Mailing Address 155 S OCEAN BLVD 519 COURT PLACE BOCA RATON FL 33432 PITTSBURGH PA 15219 US | | | | | |
| 2. Principal Pi | ace of Business | 2a. Mailing Address | | | 3. Date Incorporated or Qualifed 02/25/1980 |
| 21 | | 26 | | | 4. FEI Number Applied For |
| | Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | 52-1453634 Not Applied For |
| 22 27 City & State City & State | | | | | \$8.75 Additional |
| _ ··, - · · · · · · · · · · · · · · · · · | | | | | 5. Certificate of Status Desired Fee Required |
| Zip | Country | Zip | Country | r | 6. Election Campaign Financing \$5.00 May Be |
| 24 | 25 | 29 3 | | | Trust Fund Contribution Added to Fees |
| 241 | 9. Name and Address of Current | | | | 10. Name and Address of New Registered Agent |
| | | | 81 | Name | e |
| YUSKAS, | MARK | | 82 | Street | et Address (P.O. Box Number is Not Acceptable) |
| 155 S. OCEAN BLVD. | | | 83 | | |
| #108 | | | 03 | | · · · · · · · · · · · · · · · · · · · |
| BOCA RA | TON FL 33432 | | 84 | City | FL 85 Zip Code |
| Office or re | to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligati | N FIORICA SUCH CHANGA WAS AUT | nonzen ov | THE CORE | ed corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered |
| SIGNATURE | | AIOTE E | lanistand Ana | nt rianatum e | re required when reinstating) DATE |
| 12. | Signature, typed or printed name of registered agent OFFICERS ANI | | 13. | II SIGNALLIN I | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | Р | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BENEDETTO, DAVID | | 1.2 NAME | | |
| STREET ADDRESS | 48 DORETHY RD | | 1.3 STREE | T ADDRESS | 38 |
| CITY-ST-ZIP | WEST REDDING CT | | 1.4 CITY-5 | T-ZIP | |
| TITLE | S | ☐ DELETE | 2.1 TTLĖ | | ☐ Change ☐ Addition |
| NAME | VINCENT A TUCCERI | | 2.2 NAME | | |
| STREET ADDRESS | 519 COURT PLACE | | 2.3 STREE | T ADDRESS | is . |
| CITY-ST-ZIP | PGH PA | | 2.4 CITY- | ŠT-ŽÎP | |
| TITLE | TD | ☐ DELETE | 3.1 TITLE | | Change Addition |
| NAME | TURANO, RON | | 3.2 NAME | | • |
| STREET ADDRESS | 6501 W. ROOSEVELT ROAD | | 3.3 STREE | T ADDRESS | is |
| CITY-ST-ZIP | BERWYN IL | | 3.4. CITY- | ST-ZIP | ☐ Change ☐ Addition |
| TITLE | D | ™ DELETE | 4.1 TITLE | | Change Adda |
| NAME | RAY PALMER | | 4, 2 NAME | | |
| STREET ADDRESS | 1411 PETERSON | | 1 | T ADDRESS | iS |
| CITY-ST-ZIP | PARK RIDGE IL | DELETE | 4.4 CITY-S | T-ZIP | ☐ Change ☐ Addition |
| TITLE | D CAL COLADETTA | ☐ pereie | 5.1 TITLE 5.2 NAME | | |
| NAME | SAI SCIARETTA 115 MASON ST | | | TADORESS | as l |
| STREET ADDRESS | GREENWICH CO | | 5.4 CITY- S | | |
| CITY-ST-ZIP TITLE | D D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LESLIE LEHMAN | — *** | 6.2 NAME | | |
| STREET ADDRESS | 155 SOUTH OCEAN BLVD UNIT | 112 | 6.3 STREE | TADORESS | ss |
| CITY-ST-7IP | BOCA RATON FL | 116 | 6.4 CITY- S | | |

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 trip receiver or trystee 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 or an attachment with all other like empowered.

SIGNATURE: