

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 757840 (4)

1. Corporation Name
THE BREAKERS OF FORT WALTON BEACH CONDOMINIUMS, INC.



Principal Place of Business: 381 SANTA ROSA BLVD. FORT WALTON BEACH FL 32549
Mailing Address: 381 SANTA ROSA BLVD. FORT WALTON BEACH FL 32549

3. Date Incorporated or Qualified: 05/05/1981
3a. Date of Last Report: 01/23/1995

2. Principal Place of Business: [Blank]
2a. Mailing Address: [Blank]
21. State, Apt. #, etc.: [Blank]
22. City & State: [Blank]
23. Zip: [Blank] Country: [Blank]
24. Zip: [Blank] Country: [Blank]

4. FEI Number: 59-2625097
5. Certificate of Status Desired: [Blank] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [Blank] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [Blank] Yes [Blank] No

9. Name and Address of Current Registered Agent
**TOWNSEND, JOHN P.
142 EGLIN PARKWAY SE
FT. WALTON BEACH FL 32548**

10. Name and Address of New Registered Agent
81. Name: [Blank]
82. Street Address: (P.O. Box Number is Not Acceptable): [Blank]
83. [Blank]
84. City: [Blank] FL 85. Zip Code: [Blank]

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: [Blank] (Print or type for printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when re-registering) DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	YOUNGBLOOD, JOE	
STREET ADDRESS	381 SANTA ROSA BLVD.	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STEINMAN, LEE	
STREET ADDRESS	381 SANTA ROSA BLVD	
CITY-ST-ZIP	FT. WALTON BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HEINRICH, CLAUDETTE	
STREET ADDRESS	25 BAYSHORE DR.	
CITY-ST-ZIP	SHALIMAR FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DEMOS, PAUL	
STREET ADDRESS	381 SANTA ROSA BLVD	
CITY-ST-ZIP	FT. WALTON BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUSSELL, JOHNY	
STREET ADDRESS	220 ANGLER DR	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HALSTEAD, PHILLIP J.	
STREET ADDRESS	381 SANTA ROSA BLVD.	
CITY-ST-ZIP	FT. WALTON BCH. FL	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HEINRICH, CLAUDETTE	
1.3 STREET ADDRESS	RAYSHORE DRIVE	
1.4 CITY-ST-ZIP	SHALIMAR, FL	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STEINMAN, LEE	
2.3 STREET ADDRESS	381 SANTA ROSA BLVD	
2.4 CITY-ST-ZIP	FORT WALTON BEACH, FL	
3.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CAIN, JUNE	
3.3 STREET ADDRESS	8104 Oak Alley	
3.4 CITY-ST-ZIP	MONTGOMERY, AL	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MULDOON, MARTHA	
4.3 STREET ADDRESS	212 Gilmore Court	
4.4 CITY-ST-ZIP	Fort Walton Beach, FL	
5.1 TITLE	VPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ERICKSON, LINK	
5.3 STREET ADDRESS	8309 Old Federal Road	
5.4 CITY-ST-ZIP	Montgomery, AL 36117	
6.1 TITLE	ATD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	RALL, FRED	
6.3 STREET ADDRESS	381 Santa Rosa Blvd.	
6.4 CITY-ST-ZIP	FT. Walton Beach, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Claudette Heinrich*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Jan 23, 1996
Daytime Phone #: [Blank]

CR2E037 (12/95)