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Feb 05 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 # 757840 (4)

1. Corporation Name

THE BREAKERS OF FORT WALTON BEACH CONDOMINIUMS, INC.



Principal Place of Business

Mailing Address

381 SANTA ROSA BLVD.
FORT WALTON BEACH FL 32549

381 SANTA ROSA BLVD.
FORT WALTON BEACH FL 32549-4051

3. Date Incorporated or Qualified
05/05/1981

3a. Date of Last Report
01/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2625097

Applied For
Not Applicable

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

TOWNSEND, JOHN P.
142 EGLIN PARKWAY SE
FT. WALTON BEACH FL 32548

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME HEINRICH, CLAUDETTE
STREET ADDRESS BAYSHORE DRIVE
CITY-ST-ZIP SHALIMAR FL

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

TITLE SD
NAME STEINMAN, LEE
STREET ADDRESS 381 SANTA ROSA BLVD
CITY-ST-ZIP FT. WALTON BEACH FL

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

TITLE TD
NAME CAIN, JUNE
STREET ADDRESS 8104 OAK ALLEY
CITY-ST-ZIP MONTGOMERY AL

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

TITLE D
NAME MULDOON, MARTHA
STREET ADDRESS 212 GILMORE CT.
CITY-ST-ZIP FT. WALTON BEACH FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

D
KROST, KENNETH
4436 Windward Lane Cove
Niceville, FL 32578

TITLE VPD
NAME ERICKSON, LINK
STREET ADDRESS 8309 OLD FEDERAL RD.
CITY-ST-ZIP MONTGOMERY AL

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

TITLE ATD
NAME RALL, FRED
STREET ADDRESS 381 SANTA ROSA BLVD.
CITY-ST-ZIP FT. WALTON BEACH FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Claudette Heinrich

Date

Jan. 21, 1997

Daytime Phone # 0074091

CR2E037 (9/96)