## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 757840**

1. Corporation Name

THE BREAKERS OF FORT WALTON BEACH CONDOMINIUMS,

Principal Place of Business 381 SANTA ROSA BLVD. FORT WALTON BEACH FL 32548

2. Principal Place of Business

Mailing Address

2a. Mailing Address

381 SANTA ROSA BLVD. FORT WALTON BEACH FL 32548

## **FILED** Feb 27, 1999 8:00 am § Secretary of State

02-27-1999 90034 028 \*\*\*\*61.25

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3. Date incorporated or Qualifed

05/05/1981

21 381 9	Santa Rosa Blvd.	26 381 Santa Ro	sa Blvd.	05/05/1981		
Suite, Apt.		Suite, Apt. #, etc.		4. FEI Number	Applied For	
22		27		59-2625097	Not Applicable	
City & Stat	8	City & State		5. Certificate of Status Desired	\$8.75 Additional	
	: Walton Beach, FL	28 Fort Walton	Beach, FL	5. Centicate of Status Desired	Fee Required	
Zip	Country	Zip	Country	C. Et-ti Compains Financian	\$5.00 May Be	
32548	30 <b>25</b> Okaloosa	29 32548 3	0 Okaloo		Added to Fees	
9. Name and Address of Current Registered Agent			VI QKATOU	10. Name and Address of New Registered	Agent	
81 Name						
TOWNSTAID TOWN D				(200 No. 1) (100 No. 1)		
TOWNSEND, JOHN P.				et Address (P.O. Box Number is Not Acceptable)		
142 EGLIN PARKWAY SE			83			
FT. WALTON BEACH FL 32548				·		
•			84 City	FL	85 Zip Code	
	State State				f changing its registered	
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 a	m familiar with, and accept the obligation	ons of, Section 617.0503, Florid	la Statutes.			
SIGNATURE						
Stgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)						
12.	OFFICERS AND		13.			
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☐ Additio	
NAME	HEINRICH, CLAUDETTE		1.2 NAME	HEINRICH, CLAUDETTE		
STREET ADORESS	BAYSHORE DRIVE	-	1.3 STREET ADDRES	s		
CITY-ST-ZIP	SHALIMAR FL		1,4 CITY-ST-ZIP			
TITLE	SD	☐ DELETE	2.1 TITLE	D	☐ Change ☐ Additio	
NAME	STEINMAN, LEE		2.2 NAME	STEINMAN, LEE		
STREET ADDRESS	381 SANTA ROSA BLVD		2.3 STREET ADDRES	1		
CITY-ST-ZIP	FT. WALTON BEACH FL		2.4 CITY-ST-ZIP		•_	
TITLE	TD	Γ¹ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	CAIN, JUNE	_	. 3.2 NAME			
	8104 OAK ALLEY		3.3 STREET ADORES	e i		
STREET ADDRESS	MONTGOMERY AL			~		
CITY-ST-ZIP	D MONIGOMENT AL	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Additio	
TITLE	•	□ DELETE	1	VPD		
NAME	KROST, KENNETH		4. 2 NAME	KROST, KENNETH		
STREET ADDRESS	4436 WINDWARD LANE COVE		4.3 STREET ADDRES	8		
CITY-ST-ZIP	NICEVILLE FL	□ perete	4.4 CITY-ST-ZIP		☐ Change ☐ Additio	
TITLE	VPD	☐ DELETË	5.1 TITLE	PD	Thorsaide Thyanin	
NAME	ERICKSON, LINK		5.2 NAME	ERICKSON, LINK		
STREET ADDRESS	8309 OLD FEDERAL RD.		5.3 STREET ADDRES	8		
CITY-ST-ZIP	MONTGOMERY AL		5.4 CITY-ST-ZIP			
TITLE	ATD	☐ DELETE	6.1 TITLE	SD	☐ Change ☐ Additio	
NAME	rall, fred		6.2 NAME	RALL, FRED		
STREET ADDRESS	381 SANTA ROSA BLVD.		6.3 STREET ADDRES			
CITY-ST-ZIP	FT. WALTON BEACH FL		6.4 CITY-ST-ZIP	·		

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 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, with all other like empowered.

**SIGNATURE:**