

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 757840

1. Entity Name
THE BREAKERS OF FORT WALTON BEACH CONDOMINIUMS.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90049 014 ****61.25

Principal Place of Business 381 SANTA ROSA BLVD. FORT WALTON BEACH FL 32548 US	Mailing Address 381 SANTA ROSA BLVD. FORT WALTON BEACH FL 32548-3144 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-2625097	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
FEE IS \$61.25**

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME HEINRICH, CLAUDETTE	
STREET ADDRESS BAYSHORE DRIVE	
CITY-ST-ZIP SHALIMAR FL	
TITLE D	<input type="checkbox"/> Delete
NAME STEINMAN, LEE	
STREET ADDRESS 381 SANTA ROSA BLVD	
CITY-ST-ZIP FT. WALTON BEACH FL	
TITLE TD	<input checked="" type="checkbox"/> Delete
NAME CAIN, JUNE	
STREET ADDRESS 8104 OAK ALLEY	
CITY-ST-ZIP MONTGOMERY AL	
TITLE VDP	<input type="checkbox"/> Delete
NAME KROST, KENNETH	
STREET ADDRESS 4436 WINDWARD LANE COVE	
CITY-ST-ZIP NICEVILLE FL	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME ERICKSON, LINK	
STREET ADDRESS 8309 OLD FEDERAL RD.	
CITY-ST-ZIP MONTGOMERY AL	
TITLE SD	<input type="checkbox"/> Delete
NAME RALL, FRED	
STREET ADDRESS 381 SANTA ROSA BLVD.	
CITY-ST-ZIP FT. WALTON BEACH FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Robert E. Johnson	
STREET ADDRESS 9647 Bayview Court	
CITY-ST-ZIP Indianapolis, IN 46256	
TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Sandra L. Dunn	
STREET ADDRESS 381 Santa Rosa Blvd., W712	
CITY-ST-ZIP Fort Walton Beach, FL 32548	
TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME John Quarles	
STREET ADDRESS 703 Bayou Drive	
CITY-ST-ZIP Destin, FL 32541	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Frederick A. Rall** 4/20/00 244-7255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Secretary Board of Directors** Daytime Phone #

CR2E037 (9/99)