## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 757840 Entity Name FILED THE BREAKERS OF FORT WALTON BEACH CONDOMINIUMS. 00 AUG 18 AH 10: 32 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 381 SANTA ROSA BLVD. 381 SANTA ROSA BLVD. FORT WALTON BEACH FL 32548 FORT WALTON BEACH FL 32548-3144 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2625097 Not Applicable Country \$8.75 Additional Ζiρ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Michael Chesser Street Address (P.O. Box Number is Not Acceptable) Chesser, Wingard, Barr & Fleet, TOWNSEND, JOHN P. 142 EGLIN PARKWAY SE 1201 Eglin Parkway FT. WALTON BEACH FL 32548 City Shalimar 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 Make Check Payable to FILE NOW:--- 9. Election Campaign Financing \$5:00-May-Be --Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change X Addition D X Delete TITLE TITLE D HEINRICH, CLAUDETTE NAME Robert E. Johnson NAME STREET ADDRESS 9647 Bayview Court STREET ADDRESS **BAYSHORE DRIVE** CITY-ST-ZIP CITY-ST-ZIP Indianapolis, IN 46256 SHALIMAR FL Change Addition TITLE TITLE ☐ Delete **400003384164--**-09/06/00--01099--020 NAME NAME STEINMAN, LEE STREET ADDRESS STREET ADDRESS 381 SANTA ROSA BLVD \*\*\*\*\*26.25 <u>\*\*\*</u>\*26.25 CITY-ST-ZIP. CITY-ST-ZIF FT: WALTON-BEACH FL X Addition Change TITLE TD 😾 Delete TITLE TT Sandra L. Dunn NAME CAIN, JUNE NAME 381 Santa Rosa Blvd., W712 STREET ADDRESS STREET ADDRESS 8104 OAK ALLEY CITY-ST-ZIP Fort Walton Beach, FL CITY-ST-ZIP MONTGOMERY AL ☐ Addition **VDP** Delete TITLE KROST, KENNETH NAME NAME STREET ADDRESS STREET ADDRESS 4436 WINDWARD LANE COVE CITY-ST-ZIP CITY-ST-ZIP NICEVILLE FL Change X Addition PD TITLE X Delete TITLE John Quarles ERICKSON, LINK NAME 703 Bayou Drive STREET ADDRESS STREET ADDRESS 8309 OLD FEDERAL RD. Destin, FL 32541 CITY-ST-ZIP CITY-ST-ZIP MONTGOMERY AL Addition SD Change TITLE TITLE ☐ Delete NAME RALL, FRED NAME STREET ADDRESS STREET ADDRESS 381 SANTA ROSA BLVD. CITY+ST-ZIP CITY-ST-ZIP FT. WALTON BEACH FL

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 eath; 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

Frederick A. Rall 4/20/00 SIGNATURE: CEN OR DIRECTOR Secretary Board of Director