


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 757840 1. Entity Name THE BREAKERS OF FORT WALTON BEACH CONDOMINIUMS, INC.	
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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 US
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06292005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent NEWMAN, JR., RAYMOND F BECKER & POLIAKOFF, P.A. 348 MIRACLE STRIP PKWY SW, SUITE 7 FORT WALTON BEACH, FL 32548

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JOHNSON, ROBERT E 9647 BAYVIEW COURT INDIANAPOLIS, IN 46256
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D UMHOLTZ, BARBARA 381 SANTA ROSA BLVD., C208 FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLANTON, DON 202 BRANCH LANE MANDEVILLE, LA 70448
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BOYETTE, WAYNE 381 SANTA ROSA BLVD. V701 FORT WALTON BEACH, FL 32548
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD LOEB, BARRY L 7534 SQUIRREL CREEK DR CINCINNATI, OH 45247
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSE, LEO J 381 SANTA ROSA BLVD W-216 FORT WALTON BEACH, FL 32548

07/22/05-80002-011 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  7/19/05 850-244-9127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #