FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **763871** **(1)**

1. Corporation Name

BREAKER'S WEST OF BREVARD CONDOMINIUM ASSOCIATIO N, INC.

Principal Place of Business	Mailing Address
2050 ATLANTIC AVE. MELBOURNE BEACH FL 32951	2050 ATLANTIC AVE. MELBOURNE BEACH FL 32951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/23/1982**
3a. Date of Last Report: **04/04/1994**
4. FEI Number: **59-2266305** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COLE, JOHN
2150 ATLANTIC AVE
STE 421
MELBOURNE BCH FL 32951

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	COLE, JOHN	12 NAME	KATHY SMITH
STREET ADDRESS	2150 ATLANTIC AVE #421	13 STREET ADDRESS	1805 ATLANTIC AVE #1131
CITY-ST-ZIP	MELBOURNE BCH FL	14 CITY-ST-ZIP	MELB BCH, FL 32951
TITLE	D	21 TITLE	D ☒ Change ☐ Addition
NAME	ENSSLEN, RICHARD	22 NAME	JOHN COLE
STREET ADDRESS	2150 ATLANTIC AVE #426	23 STREET ADDRESS	PO BOX 510202
CITY-ST-ZIP	MELBOURNE BEACH FL	24 CITY-ST-ZIP	MELB BCH, FL 32951
TITLE	VD	31 TITLE	S ☒ Change ☐ Addition
NAME	MUSSAW, JOAN	32 NAME	JOAN MUSSAW
STREET ADDRESS	1950 ATLANTIC AVE #226	33 STREET ADDRESS	PO BOX 2624
CITY-ST-ZIP	MELBOURNE BEACH FL	34 CITY-ST-ZIP	PLATTSBURGH, NY 12901
TITLE	S	41 TITLE	VD ☒ Change ☐ Addition
NAME	HERSHY, LEO	42 NAME	LEO HERSHY
STREET ADDRESS	1950 ATLANTIC ST., #222	43 STREET ADDRESS	1950 ATLANTIC ST #222
CITY-ST-ZIP	MELBOURNE BEACH FL	44 CITY-ST-ZIP	MELBOURNE BCH FL
TITLE	TD	51 TITLE	TD ☒ Change ☐ Addition
NAME	KURZ, BILL	52 NAME	BILL KURZ
STREET ADDRESS	1850 ATLANTIC ST., #122	53 STREET ADDRESS	2106 ATLANTIC AVE #1631
CITY-ST-ZIP	MELBOURNE BCH. FL	54 CITY-ST-ZIP	MELB BCH, FL 32951
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 — Date — Daytime Phone #

0034204