

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 763871 (1)
1. Corporation Name
BREAKER'S WEST OF BREVARD CONDOMINIUM ASSOCIATION, INC.

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

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

9. Name and Address of Current Registered Agent

BYRD, WILLIAM
2101 ATLANTIC ST #534
STE 421
MELBOURNE BCH FL 32951

3. Date of Incorporation or Qualified 3a. Date of Last Report
06/23/1982 04/02/1996

4. FEI Number Applied For
59-2266305 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name Anthony Astone
82 Street Address (P.O. Box Number is Not Acceptable)
2150 Atlantic St. # 416
83
84 City Melbourne Beach, FL 85 Zip Code 32951

11. Pursuant to the provisions of Sections 617.01(2) and 617.05(3), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered
office or registered agent, 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 617.05(3), Florida Statutes.

SIGNATURE ANTHONY ASTONE as Secretary Anthony Astone 10/18/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
TITLE NAME ☒ DELETE
NAME LEVESQUE, ROGER
STREET ADDRESS 2050 ATLANTIC ST #326
CITY-ST-ZIP MELBOURNE BCH FL
TITLE NAME ☐ DELETE
NAME ASTONE, ANTHONY
STREET ADDRESS 2150 ATLANTIC ST #416
CITY-ST-ZIP MELBOURNE BCH FL
TITLE NAME ☒ DELETE
NAME BYRD, WILLIAM
STREET ADDRESS 2101 ATLANTIC ST #534
CITY-ST-ZIP MELBOURNE BCH FL
TITLE NAME ☒ DELETE
NAME SMITH LES,
STREET ADDRESS 1805 ATLANTIC ST #131
CITY-ST-ZIP MELBOURNE BCH FL
TITLE NAME ☐ DELETE
NAME HERSHEY, LEO
STREET ADDRESS 1950 ATLANTIC ST #222
CITY-ST-ZIP MELBOURNE BCH FL
TITLE NAME ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Rudy Zurl
1.3 STREET ADDRESS 2050 Atlantic St. #325
1.4 CITY-ST-ZIP Melbourne Beach, FL 32951
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Anthony Astone
2.3 STREET ADDRESS 2150 Atlantic St. #416
2.4 CITY-ST-ZIP Melbourne Beach, FL 32951
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Jack Cole
3.3 STREET ADDRESS 2150 Atlantic St. # 421
3.4 CITY-ST-ZIP Melbourne Beach, FL 32951
4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Sybil Ruffing
4.3 STREET ADDRESS 2150 Atlantic St. # 422
4.4 CITY-ST-ZIP Melbourne Beach, FL 32951
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME Peter Anderson
5.3 STREET ADDRESS 701 Brookside Drive
5.4 CITY-ST-ZIP Indialantic, FL 32903
6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

FILED

97 NOV -6 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 97

CR2E037 (4/97)

200002943082--8
-11/10/97-00124-003
****236.25 ****236.25