FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State
04-20-1999 90200 033 ****61.25

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DOCUMENT # 763871

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/23/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2266305 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

COLE, JOHN L
2150 ATLANTIC ST, #421
MELBOURNE BCH FL 32951

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE 4/6/99
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	SD CONSTANCE	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	TULLIO, TINA DI		1.2 NAME	DiTullio, Constance	
STREET ADDRESS	2050 ATLANTIC ST, #321		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BEACH FL 32951		1.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	RAUCH, NORMAN		2.2 NAME	Rauch, Norman	
STREET ADDRESS	2150 ATLANTIC ST, #411		2.3 STREET ADDRESS	2150 Atlantic St #411	
CITY-ST-ZIP	MELBOURNE BEACH FL 32951		2.4 CITY-ST-ZIP	Melbourne Beach Fl 32951	
TITLE	PD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	COLE, JACK		3.2 NAME	Cole John L	
STREET ADDRESS	2150 ATLANTIC ST. #421		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BCH FL 32951		3.4. CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	RUFFING, SYBIL		4. 2 NAME	Ruffing, Sybil	
STREET ADDRESS	2150 ATLANTIC ST. #422		4.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE BCH FL 32951		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/6/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #