2000 UNIFORM BUSINESS REPORT (UBR) 5/1: FILED Jun 21, 2000 8:00 am DOCUMENT # 763871 1. Entity Name Secretary of State BREAKER'S WEST OF BREVARD CONDOMINIUM ASSOCIATIO 05-15-2000 90283 050 ****61.25 Principal Place of Business Mailing Address 2050 ATLANTIC AVE. 2050 ATLANTIC AVE. MELBOURNE BEACH FL 32951-2446 MELBOURNE BEACH FL 32951 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. # etc. Applied For 4. FEI Number City & State City & State 59-2266305 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPACE COAST PROPERTY AGE WASHINGTON RD. #170 COLE, JOHN L MELBOURNE, FL 32934 2150 ATLANTIC ST. #422-MELBOURNE BCH FL 32951 Zip Code City 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. HROPERTY MANAGED SIGNATURE Make Check Payable to 9. Election Campaign Financing FILE NOW: \$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 10. X Delete Norman Rauch TITLE NAME NAME TULLIO, CONSTANCE D 2150 Atlantic St. #411 STREET ADDRESS STREET ADDRESS 2050 ATLANTIC ST, #321 Melb. Buh. FL 32951 CITY-ST-ZIP CITY-ST-ZIF MELBOURNE BEACH FL 32951 Addition Vice - President -D Change ☐ Delete TITLE TD NAME eu Hersheu NAME RAUCH, NORMAN STREET ADDRESS STREET ADDRESS Melb-Bch 2150 ATLANTIC ST. #411. CITY-ST-ZIP CITY-ST-ZIP MELBOURNE BEACH FL 3295 reasurussaus of Aflantic State Addition Change TITLE ŞŊ, 🔯 Delete MAME NAME COLE, JACK STREET AODRESS STREET ADDRESS 2150 ATLANTIC ST. #421 CITY-ST-ZIF CITY-ST-ZIP MELBOURNE BCH_FL 32951 o'Brien Sec TITLE Delete me NAME NAME RUFFING, SYBIL STREET ADDRESS STREET ADDRESS 2150 ATLANTIC ST. #422 CITY-SI-ZID CITY-ST-ZIF MELBOURNE BCH FL 32951 Unector - D 📈 Addilion Delete TITLE ☐ Chance TITLE Bernhardt Mongeng 1850 Atlantic St. # 113 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP melb Bh CITY-ST-ZIP ☐ Addition ☐ Change TITLE Oelete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 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. ろマノー フェフィ SIGNATURE:

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