

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
 Jul 09 1998 8:00am  
 Secretary of State

00053338

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 765214 (2)**  
 1. Corporation Name  
**BREEZEWAY VILLAS, INC.**



Principal Place of Business 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER FL 34622	Mailing Address 3001 EXECUTIVE DRIVE SUITE 260 CLEARWATER FL 34622
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3. Date incorporated or Qualified <b>09/28/1982</b>	Applied For Not Applicable
4. FEI Number <b>59-2434718</b>	

21. Principal Place of Business <b>3001 Executive Drive</b>	2a. Mailing Address <b>3001 Executive Drive</b>
22. Suite, Apt. #, etc. <b>Suite 260</b>	27. Suite, Apt. #, etc. <b>Suite 260</b>
23. City & State <b>Clearwater, FL</b>	28. City & State <b>Clearwater, FL</b>
24. Zip <b>33762</b>	25. Country <b>USA</b>
29. Zip <b>33762</b>	30. Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**DUHAMEL, RICHARD C**  
**CONDOMINIUM ASSOCIATES**  
**3001 EXECUTIVE DRIVE, SUITE 260**  
**CLEARWATER FL 34622**

81. Name <b>Condominium Associates</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>3001 Executive Dr., Ste. 260</b>
83. City <b>Clearwater</b>
84. State <b>FL</b>
85. Zip Code <b>33762</b>

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 617.0508, Florida Statutes.  
 SIGNATURE: *[Signature]* **Condominium Associates**  
 By *[Signature]* **7/1/98**  
Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE <b>D</b>	<input type="checkbox"/> DELETE	
NAME <b>MILES, DAVID P</b>		
STREET ADDRESS <b>4971-A 91ST AVE N</b>		
CITY-ST-ZIP <b>PINELLAS PARK FL</b>		
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	
NAME <b>FERNANDES, FRANK</b>		
STREET ADDRESS <b>4933-B 91ST AVENUE</b>		
CITY-ST-ZIP <b>PINELLAS PARK FL</b>		
TITLE <b>VPD</b>	<input type="checkbox"/> DELETE	
NAME <b>COHEM, STEVE</b>		
STREET ADDRESS <b>4931-C 91ST AVE. N.</b>		
CITY-ST-ZIP <b>PINELLAS PARK FL</b>		
TITLE <b>STD</b>	<input checked="" type="checkbox"/> DELETE	
NAME <b>MARSHALL, SHARON</b>		
STREET ADDRESS <b>4997-B 91ST AVE. N.</b>		
CITY-ST-ZIP <b>PINELLAS PARK FL</b>		
TITLE <b>D</b>	<input type="checkbox"/> DELETE	
NAME <b>ORANDALL, HOLLY</b>		
STREET ADDRESS <b>4981-B 91ST AVE. N.</b>		
CITY-ST-ZIP <b>PINELLAS PARK FL</b>		
TITLE	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
1.2 NAME <b>Beraldine Johnson</b>			
1.3 STREET ADDRESS <b>4949-B 91st Avenue N.</b>			
1.4 CITY-ST-ZIP <b>PINELLAS PARK, FL 33782</b>			
2.1 TITLE <b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME <b>DAVID P. Miles</b>			
2.3 STREET ADDRESS <b>4971-A 91st Avenue N.</b>			
2.4 CITY-ST-ZIP <b>Pinellas Park, FL 33782</b>			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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.  
 SIGNATURE: *[Signature]* **7/1/98**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (5/98)