

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

0005338

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 09/28/1982	Applied For Not Applicable
4. FEI Number 59-2434718	

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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 Condominium Associates
82. Street Address (P.O. Box Number is Not Acceptable) 3001 Executive Dr., Ste. 260
83. City Clearwater
84. State FL
85. Zip Code 33762

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**
 Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating) DATE: **7/1/98**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGED	ADDED
1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
1.2 NAME Beraldine Johnson			
1.3 STREET ADDRESS 4949-B 91st Avenue N.			
1.4 CITY-ST-ZIP PINELLAS PARK, FL 33782			
2.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME DAVID P. Miles			
2.3 STREET ADDRESS 4971-A 91st Avenue N.			
2.4 CITY-ST-ZIP Pinellas Park, FL 33782			
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)