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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 765378 (5)

1. Corporation Name

DRIFTWOOD BREAKERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3150 OCEAN DRIVE VERO BEACH FL 32963	3150 OCEAN DRIVE VERO BEACH FL 32963-1954

3. Date Incorporated or Qualified: 10/12/1982
3a. Date of Last Report: 02/09/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2271923 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

O'HAIRE, MICHAEL
3111 CARDINAL DRIVE
VERO BEACH FL 32960

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 ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TENBUS, ROBERT		1.2 NAME		
STREET ADDRESS	764 BANYAN RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCCHESNEY, DON		2.2 NAME		
STREET ADDRESS	3915 NW 27TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VOLKERT, LEON		3.2 NAME		
STREET ADDRESS	2300 CORPORATE BLVD NW #232		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	VPD	☒ Change ☐ Addition
NAME	GUTHRIE, BARBARA		4.2 NAME	Barbara Guthrie	
STREET ADDRESS	133 LAKE OTIS RD SE		4.3 STREET ADDRESS	133 Lake Otis Rd SE	
CITY-ST-ZIP	WINTER HAVEN FL		4.4 CITY-ST-ZIP	Winter Haven. FL	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	YAHN, PATRICIA		5.2 NAME		
STREET ADDRESS	6530 NAEFF ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	FARRVIEW PA		5.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	VOLKERT, LEON		6.2 NAME		
STREET ADDRESS	4116 N. OCEAN DR #700		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		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.

SIGNATURE: [signature] 1/8/97 954 771 7709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/96) 0020639