2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765378

1. Entity Name

DRIFTWOOD BREAKERS CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State
03-02-2000 90089 008 ****61.25

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name Jeanne L. Radlet

Street Address (P.O. Box Number is Not Acceptable) 3150 Ocean Dr.

City Vero Beach, FL **FL** Zip Code 32963

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

SIGNATURE Jeanne L Radlet JEANNE L. RADLET 1/12/2000

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TENBUS, ROBERT 764 BANYAN RD VERO BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCHESNEY, DON 3915 NW 27TH AVE BOCA RATON FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD GUTHRIE, BARBARA 133 LAKE OTIS RD SE WINTER HAVEN FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D YAHN, PATRICIA 6530 NAEFF ROAD FARRVIEW PA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD VOLKERT, LEON 4116 N. OCEAN DR #700 FT LAUDERDALE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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.

SIGNATURE: SIGNATURE REQUIRED Jeanne L Radlet 2-21-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #