FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **770550** **(2)**

1. Corporation Name

BREAKAWAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5050 HWY 98 EAST P.O. BOX 1779 DESTIN FL 32540 US	5050 HWY 98 EAST P.O. BOX 1779 DESTIN FL 32540 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1983
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-2655075 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 91 Old Highway 98	26 P.O. Box 1779
Suite, Apt. #, etc. 22 Suite 210	Suite, Apt. #, etc. 27
City & State 23 Destin, Florida	City & State 28 Destin, Florida
24 Zip 32541 / 25 Country USA	29 Zip 32540 / 30 Country USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation files jointly for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

% SMITH LORRI
5050 HWY 98 EAST
HWY. 98, E.
DESTIN FL 32540

10. Name and Address of New Registered Agent

81 Name: Lorri Smith
82 Street Address (P.O. Box Number is Not Acceptable): 91 Old Highway 98
83: Suite 210
84 City: Destin **FL** 85 Zip Code: 32541

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] Lorri Smith, CAM (Registered Agent signature required when changed) 4/10/95 (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE	President,D	XX Change ☐ Addition
NAME	KENYON, RICHARD	12 NAME	James Combs	
STREET ADDRESS	RT 4 BOX 199-B	13 STREET ADDRESS	757 Highway 98 East, 14-136	
CITY ST ZIP	OZARK AL	14 CITY ST ZIP	Destin, Florida 32541	
TITLE	S	21 TITLE	Vice President,D	XX Change ☐ Addition
NAME	PALMER, ED	22 NAME	Malcolm Black	
STREET ADDRESS	2705 HIGHWAY 98 E #9	23 STREET ADDRESS	506 Highway 85 North	
CITY ST ZIP	DESTIN FL	24 CITY ST ZIP	Niceville, Florida 32578	
TITLE	T,D	31 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, DENNIE	32 NAME		
STREET ADDRESS	P.O. BOX 1376 N/A	33 STREET ADDRESS		
CITY ST ZIP	DESTIN FL	34 CITY ST ZIP		
TITLE	P	41 TITLE	Secretary,D	XX Change ☐ Addition
NAME	KUHNE, OLLIE	42 NAME	Ollie Kuhne	
STREET ADDRESS	RT 9 BOX 136	43 STREET ADDRESS	5015 Valley Farm Road	
CITY ST ZIP	TALLAHASSEE FL	44 CITY ST ZIP	Tallahassee, Florida 32303	
TITLE	D	51 TITLE	Director,D	XX Change ☐ Addition
NAME	BLACK, MALCOLM	52 NAME	Richard Kenyon	
STREET ADDRESS	506 HWY 85 NORTH	53 STREET ADDRESS	Rt. 4 Box 199-B	
CITY ST ZIP	NICEVILLE FL	54 CITY ST ZIP	Ozark, Alabama 36360	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 my address.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Digital Check #

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