FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 770550 (2)

1. Corporation Name

BREAKAWAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
91 OLD HWY 98 STE 210 DESTIN FL 32541 US	PO BOX 1779 DESTIN FL 32540 US

3. Date Incorporated or Qualified: 10/04/1983
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 Emerald Coast Vacation Rentals
Suite, Apt. #, etc.
22 621 HWY 98 E.
City & State
23 Destin, Fl. 32541
Zip 24 32541 Country 25

2a. Mailing Address
26 P.O. Box 729
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30 Okaloosa

4. FEI Number: 59-2655075 ☐ 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

% SMITH LORRI
91 OLD HWY 98
STE 210
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name: Emerald Coast Vacation Rentals
82 Street Address (P.O. Box Number is Not Acceptable)
83 621 HWY 98 E.
84 City: Destin FL 85 Zip Code: 32541

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: Michael E Baf — 4/15/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COMBS, JAMES 757 HWY 98 EAST, 14-136 DESTIN FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Director Robert Palmer 2705 E. Hwy 98 Unit 20 Destin, FL. 32541	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BLACK, MALCOLM 506 HWY 85 NORTH NICEVILLE FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JOHNSON, DENNIE P.O. BOX 1376 N/A DESTIN FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KUHNE, OLLIE 5015 VALLEY FARM RD TALLAHASSEE FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENYON, RICHARD RT 4 BOX 199-B OZARK AL	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	100001787151 -04/19/96--01039--018 ***61.25	☐ Change ☐ Addition

1-18-96
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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 an address.

SIGNATURE: James W Combs — 2-13-96 — 904 837 6333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)