2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State
03-15-2001 90015 043 ****61.25

DOCUMENT # 770550

1. Entity Name

BREAKAWAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2705 SCENIC HWY 98 #3 DESTIN FL 32541 US	PO BOX 5956 DESTIN FL 32540 US

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 59-2655075 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WALLACE, KELLI A
2705 SCENIC HWY 98 #3
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name ALLISON ROGERS
Street Address (P.O. Box Number is Not Acceptable) 3861 INDIAN TRAIL #104
City DESTIN FL Zip Code 32541

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 Allison Rogers 3/12/01
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	PD WALLACE, DAVID 2705 SCENIC HWY 98 #4 DESTIN FL 32541	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP JERRY PARKER 2705 SCENIC HWY 98 #7 DESTIN, FL 32541	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LITTRELL, JAMES J 2706 SCENIC HWY 98 #10 DESTIN FL 32541	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JAMES LITTRELL 2705 SCENIC HWY 98 #10	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BEENE, JANE 112 MAYARD DR LAFAYETTE LA 70503-3724	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SIMPKINS, SCOTT 2705 SCENIC HWY 98 #18 DESTIN FL 32541	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PALMER, ROBERT E 2705 SCENIC HWY 98 #20 DESTIN FL 32541	☐ 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 (10/00)

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 3-12-01 850 650 2705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #