

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90090 022 ****70.00

DOCUMENT # 770550

1. Entity Name

BREAKAWAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**2705 SCENIC HWY 98
#3
DESTIN FL 32541
US**

Mailing Address

**PO BOX 5956
DESTIN FL 32540
US**

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

**ROGERS, ALLISON
3861 INDIAN TRL #104
DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name **Sandy Miller**

Street Address (P.O. Box Number is Not Acceptable) **250 2705 Scenic Hwy 98 #5**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Sandy Miller SANDY MILLER**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

03/10/03
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VP** ☐ Delete
NAME **WORTON, BONNIE**
STREET ADDRESS **1100 ASCOT WAY**
CITY-ST-ZIP **BRASELTON GA 30517**

TITLE **PD** ☒ Delete
NAME **LITRELL, JAMES J**
STREET ADDRESS **2705 SCENIC HWY 98 #10**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **S** ☒ Delete
NAME **BEENE, JANE**
STREET ADDRESS **112 MAYARD DR**
CITY-ST-ZIP **LAFAYETTE LA 70503-3724**

TITLE **T** ☒ Delete
NAME **SIMPKINS, SCOTT**
STREET ADDRESS **2705 SCENIC HWY 98 #18**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE **D** ☐ Delete
NAME **PALMER, ROBERT E**
STREET ADDRESS **2705 SCENIC HWY 98 #20**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **Lesley Thompson** ☐ Change ☒ Addition
NAME **7824 Lyree Road**
STREET ADDRESS **Winston, Ga 30187**
CITY-ST-ZIP

TITLE **Janet E Davis** ☐ Change ☒ Addition
NAME **2705 Scenic Hwy 98 #15**
STREET ADDRESS **Destin, Fla 32541**
CITY-ST-ZIP

TITLE **Denny Johnson** ☐ Change ☒ Addition
NAME **P.O. Box 1376**
STREET ADDRESS **Destin, Fla 32540**
CITY-ST-ZIP

TITLE **Vice President** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Sandy Miller**

03/10/03 850-837-6221

CR2E037 (10/02)