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 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03530 (5)

1. Corporation Name

WIND BREAKER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O PROPERTY MANAGEMENT SYSTEMS P.O. BOX 1408 FERNANDINA BEACH FL 32035-1408	C/O PROPERTY MANAGEMENT SYSTEMS P.O. BOX 1408 FERNANDINA BEACH FL 32035-1408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/08/1984
3a. Date of Last Report: 04/08/1994
4. FEI Number: ~~NOT APPLICABLE~~ 59-2569634 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2215 E State Rd 200	26 P O Box 1408
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Yulee Florida	City & State 28 Fernandina Beach FL
Zip / County 24 32097 / 25 US	Zip / County 29 32035-1408 / 30 US

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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POWELL, TERRELL J. 18905 14TH STREET, SUITE #105 FERNANDINA BEACH FL 32034	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 2215 E State Rd 200 83 84 City: Yulee **FL** 85 Zip Code: 32097

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	QUINTOS, JILL	12 NAME		
STREET ADDRESS	P. O. BO 1035 N/A	13 STREET ADDRESS	1028 North 4th Street #2D	
CITY-ST-ZIP	ATLANTIC BEACH FL	14 CITY-ST-ZIP	Jacksonville Beach FL 32250	
TITLE	TD	21 TITLE		☒ Change ☐ Addition
NAME	WILSON, FRANK	22 NAME		
STREET ADDRESS	846 BROOKMONT AVE., E.	23 STREET ADDRESS	DELETE	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP		
TITLE	VPD	31 TITLE		☐ Change ☐ Addition
NAME	ELLIS, ORIE	32 NAME		
STREET ADDRESS	1030 N. 4TH ST., #1A	33 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE BCH. FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	STD	☒ Change ☐ Addition
NAME	MADDUX, WALLACE	42 NAME		
STREET ADDRESS	91 SAN JAUN DR., #J-3	43 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH. FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	MILLIKEN, DEBORAH	52 NAME		
STREET ADDRESS	1028 N. 4TH ST., #3I	53 STREET ADDRESS	DELETE	
CITY-ST-ZIP	JACKSONVILLE BCH. FL	54 CITY-ST-ZIP		
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)(i), 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: [signature] 3-24-95 Date 241-8042 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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