

FILE NOW: FILING FEE IS \$61.25

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Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03530** (5)
1. Corporation Name
WIND BREAKER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2215 EAST STATE ROAD 200 YULEE FL 32097 US	Mailing Address P O BOX 1987 YULEE FL 32097-1987 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/08/1984	4. FEI Number 59-2569634	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	
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POWELL, TERRELL J.
2215 EAST STATE ROAD 200
YULEE FL 32097**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	MADDUX, WALLACE	
STREET ADDRESS	400 SAN JUAN DRIVE	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	VPD	☒ DELETE
NAME	MILLIKEN, DEBRA	
STREET ADDRESS	815 PATRICIA LANE	
CITY-ST-ZIP	JACKSONVILLE BCH. FL	
TITLE	TD	☒ DELETE
NAME	ELLIS, MARY C	
STREET ADDRESS	1030 N 4TH STREET #1A	
CITY-ST-ZIP	JACKSONVILLE BCH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	405 San Juan Dr
1.4 CITY-ST-ZIP	
2.1 TITLE	VSD ☐ Change ☒ Addition
2.2 NAME	Harris, Robert
2.3 STREET ADDRESS	1030 North 4th St #3-F
2.4 CITY-ST-ZIP	Jacksonville Bch FL 32250
3.1 TITLE	D ☐ Change ☒ Addition
3.2 NAME	Lippard, J.D.
3.3 STREET ADDRESS	1028 N 4th St #1-B
3.4 CITY-ST-ZIP	Jacksonville Bch FL 32250
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:

Wallace Maddux

3-24-98

CR2E037 (10/97)