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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N93000000740 (1)

1. Corporation Name

BREAKERS POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
% WOTITZKY & WOTITZKY 201 W. MARION AVE., SUITE 301 PUNTA GORDA FL 33950	% WOTITZKY & WOTITZKY 201 W. MARION AVE., SUITE 301 PUNTA GORDA FL 33950-4401

3. Date Incorporated or Qualified: 02/18/1993
3a. Date of Last Report: 04/25/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

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

4. FEI Number: 65-0394672 ☐ 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

WOTITZKY, EDWARD L
201 W. MARION AVE.
SUITE 301
PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ 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	DPT	☐ DELETE	1.1 TITLE	DST	☒ Change ☐ Addition
NAME	CRIST, DOUGLAS E		1.2 NAME	CRIST	
STREET ADDRESS	2305 BOLLMAN DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	LANSING MI 48917		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CRIST, ALICE		2.2 NAME		
STREET ADDRESS	2305 BOLLMAN DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LANSING MI 48917		2.4 CITY-ST-ZIP		
TITLE	DVS	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JOHNS, LEWIS D		3.2 NAME		
STREET ADDRESS	316 E. MICHIGAN AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LANSING MI 48933		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	DP	☐ Change ☒ Addition
NAME			4.2 NAME	CHARLES NEWMAN	
STREET ADDRESS			4.3 STREET ADDRESS	130 BREAKERS CT #122	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE		☐ DELETE	5.1 TITLE	DVP	☐ Change ☒ Addition
NAME			5.2 NAME	RONALD GUDAS	
STREET ADDRESS			5.3 STREET ADDRESS	130 BREAKERS CT. #224	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	PUNTA GORDA, FL 33950	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: [illegible] SECR DATE: 3/7/97 941-