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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

WITTZKY & WITTZKY
201 W. MARION AVE., SUITE 301
PUNTA GORDA FL 33950

WITTZKY & WITTZKY
201 W. MARION AVE., SUITE 301
PUNTA GORDA FL 33950

3. Date Incorporated or Qualified

02/18/1993

4. FEI Number

65-0394672

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 130 Breakers Ct

26 P.O. Box 511448

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Punta Gorda, FL

28 Punta Gorda, FL

Zip

Zip

24 33950

29 33951-1448

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83 223 TAYLOR ST

84

City Punta Gorda

FL

85 Zip Code

33950

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 officer 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DST
CHRIST DOUGLAS E
2305 BOLLMAN DR.
LANSING MI

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
CHARLES NEWMAN
130 BREAKERS CT 122
PUNTA GORDA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DVP
RONALD GUDAC
130 BREAKER CT 224
PUNTA GORDA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037 (10/97)