

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 16, 1999 8:00 am  
Secretary of State

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1. Corporation Name

BREAKERS POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

130 BREAKERS CT  
PUNTA GORDA FL 33950  
US

Mailing Address

P O BOX 511448  
PUNTA GORDA FL 33951-1448  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

02/18/1993

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

9. Name and Address of Current Registered Agent

WOTITZKY, EDWARD L  
223 TAYLOR ST  
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

(Type or printed name of registered agent and date is applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME DST  
STREET ADDRESS CRIST, DOUGLAS E  
CITY-ST-ZIP 2305 BOLLMAN DR.  
LANSING MI

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

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE PD ☒ Change ☒ Addition  
2.2 NAME LYIC STEPHENS  
2.3 STREET ADDRESS 130 BREAKERS CT #143  
2.4 CITY-ST-ZIP PUNTA GORDA FL 33950 51128 MAIL P.O. BOX

3.1 TITLE VPSD ☒ Change ☒ Addition  
3.2 NAME ROGER HEARL  
3.3 STREET ADDRESS 130 BREAKERS CT #132  
3.4 CITY-ST-ZIP PUNTA GORDA FL 33950

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, with all other like empowered.

SIGNATURE: *Lyic Stephens*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/99

Date

Daytime Phone #

CR2E037 (11/98)