

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000740

1. Entity Name

BREAKERS POINT CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90018 011 ****61.25

Principal Place of Business

Mailing Address

130 BREAKERS CT
PUNTA GORDA FL 33950
US

P O BOX 511448
PUNTA GORDA FL 33951-1448
US

2. Principal Place of Business

3. Mailing Address

265 TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PUNTA GORDA

4. FEI Number

65-0394672

Applied For

Not Applicable

Zip

Country

Zip

Country

33950

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOTITZKY, EDWARD L
223 TAYLOR ST
PUNTA GORDA FL 33950

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
STEPHENS, LYLE
130 BREAKERS CT., #143; P.O. BOX 511128
PUNTA GORDA FL 33950

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
HEARL, ROGER
120 BREAKERS COURT, #132
PUNTA GORDA FL 33950

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)