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Mar 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000000694 (7)

1. Corporation Name:

THE BREAKWATER AT PELICAN BAY I CONDOMINIUM ASSO
CIATION, INC.

Principal Place of Business

8880 NORTH POINTE DRIVE
NAPLES FL 33963

Mailing Address

8880 NORTH POINTE DRIVE
NAPLES FL 34108-7799

3. Date Incorporated or Qualified
02/08/1996

3a. Date of Last Report

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

4. FEI Number

65-0653051

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

10. Name and Address of New Registered Agent

COLEMAN, STEPHEN D
5811 PELICAN BAY BLVD.
SUITE 208
NAPLES FL 33963

81 Name

Roger Kramer + Assoc.

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

2786 Crown Pointe Blvd

83

84 City

Naples FL

FL

85 Zip Code
34112

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

T.R. LEATHER AGENCY

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME COLEMAN, STEPHEN D
STREET ADDRESS 5811 PELICAN BAY BLVD., SUITE 208
CITY-ST-ZIP NAPLES FL 33963

DELETE

TITLE D
NAME GRIFFIN, GERALD F II
STREET ADDRESS 5551 RIDGEWOOD DRIVE, #203
CITY-ST-ZIP NAPLES FL 33963

DELETE

TITLE D
NAME CORACE, RICHARD F
STREET ADDRESS 5551 RIDGEWOOD DRIVE, #203
CITY-ST-ZIP NAPLES FL 33963

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE VP D
1.2 NAME Dennis Ballard
1.3 STREET ADDRESS 730 Bentwater Circle # 202
1.4 CITY-ST-ZIP Naples, FL, 33963

Change Addition

2.1 TITLE D
2.2 NAME Shirley Porter
2.3 STREET ADDRESS 740 Bentwater Circle
2.4 CITY-ST-ZIP Naples, FL, 33963

Change Addition

3.1 TITLE S D
3.2 NAME Bob Swart
3.3 STREET ADDRESS 730 Bentwater Circle # 101
3.4 CITY-ST-ZIP Naples, FL, 33963

Change Addition

4.1 TITLE T D
4.2 NAME Richard Vincent
4.3 STREET ADDRESS 743 Bentwater Circle # 103
4.4 CITY-ST-ZIP Naples, FL, 33963

Change Addition

5.1 TITLE P D
5.2 NAME Robert Doherty
5.3 STREET ADDRESS 735 Bentwater Circle # 202
5.4 CITY-ST-ZIP Naples FL 33963

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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