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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33963**

3. Date Incorporated or Qualified

02/08/1996

4. FEI Number

65-0653051

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Breakwater I

22

Suite, Apt. #, etc.

27

6732 Lone Oak Blvd

23

City & State

28

City & State

Naples FL

24

Zip

Country

29

Zip

34109

Country

30

Collier

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROGER KRAMER & ASSOCIATES
2786 CROWN POINTE BLVD.
NAPLES FL 34112**

81 Name

Roger Kramer + Associates

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

6732 Lone Oak Blvd

83

84 City

Naples FL

FL

85 Zip Code

34109

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 obligation 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 reinstating)

DATE

1/15/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **VPD
BALLARD, DENNIS**
STREET ADDRESS **730 BENTWATER CIRCLE #202**
CITY-ST-ZIP **NAPLES FL 33963**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D
PORTER, SHIRLEY**
STREET ADDRESS **740 BENTWATER CIRCLE**
CITY-ST-ZIP **NAPLES FL 33963**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **SD
SWART, BOB**
STREET ADDRESS **730 BENTWATER CIRCLE #101**
CITY-ST-ZIP **NAPLES FL 33963**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **TD
VINCENT, RICHARD**
STREET ADDRESS **743 BENTWATER CIRCLE #103**
CITY-ST-ZIP **NAPLES FL 33963**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **PD
DOHERTY, ROBERT**
STREET ADDRESS **735 BENTWATER CIRCLE #202**
CITY-ST-ZIP **NAPLES FL 33963**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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:

ROGER KRAMER

1-15-98

592

CR2E037 (10/97)