FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

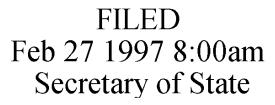
Sandra B. Mortham
Secretary of State

1997

DIVISION OF CORPORATIONS

DOCUMENT # N9600001336 (4)

THE BREAKWATER AT PELICAN BAY II CONDOMINIUM ASS OCIATION, INC.





Principal Place	e of Business	Mailing Address	Mailing Address				O LOBINADI DID 10150 DIVIN 84111 BEIN DENIN DENIN BEHAN HEBBA HINDE KINDA BINI KERA				
8880 N POINT		8880 N POINTE DR NAPLES FL 34108-7789									
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					3	. Date Incorporated 03/07/1996	or Qualified	3a. Date	of Last I	Report	
2. Principal P	lace of Business	2a. Mailing Address			4	FEI Number		. J	A	pplied For	
21		26	26			65-0680520 Not Applicabl					
Suite, Apt.	#, etc	Suite, Apt. #, etc.							\$8.75	Additional	
22	_	27			3	- Certificate of Status	Desired	<u></u>	Fee R	lequired	
City & State	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be					
23		28				Trust Fund Contribu				to Fees	
—, Zip	Country	Zip	<u> </u>	intry	8	This corporation ha		_ ~		s. 199.032,	
24	25	29	30	 		Florida Statutes		Yes [_]			
	9. Name and Address of Currer	nt Registered Agent		81 Name	10). Name and Addres	S OI NOW NO	Bisteled Wö	ent		
				To Harrie	RA	er Krame	As	SAG.	1		
	ian, stephen d			82 Street	Address (P.O. Box Number is I			_	······································	
	ELICAN BAY BLVD			-	278	6 W Crown	Points	B(v)	<u>4</u> 2	 	
SUITE :				83							
NAPLE	\$ FL 33963			84 City		····			85 Zip	Code	
(`				1	Veel	es	150	FL	3.34	1112	
11. Pursuant	to the provisions of Sections 617,050 registered agent, or toth, in the State am fair litar with, and accept the oblig	2 and 617,1508, Florida State	ites, the a	bove-named	corporati	on submits this stater	nent for the p	urpose of c	hanging	its registered	
agent, I a	registred agent, obdom, in the state am familiar with, and accept the oblig	arons of, Section 617,0503, f	Florida Sta	tutes.	porations	board of directors. (nereby accep	or the appoin	introni a	s leôlateten	
SIGNATURE		7.61	KAY	REN	90	bi		141	197	,	
OCH TOTAL	Signature, typed or printed name of registered age	ent and title if applicable (NC	OTE: Registere	d Agent signature	required who	en reinstating)		DATE			
12.	T	D DIRECTORS	13.		,	ADDITIONS/CHANG	ES TO OFFIC				
TITLE	D	₩ DELETE	1.1 T		P				Change	Addition	
NAME	COLEMAN, STEPHEN D		1.2 N	AME	Judi	th Chambe Bentwater (r 5	4			
STREET ADDRESS	5811 PELICÁN BAY BLVD S	UITE 208	1.3 S	TREET ADDRESS	750			FLOZ			
CITY - ST - ZIP	NAPLES FL 33963		1.4 0	ITY-ST-ZIP	Naple	SFL 3:	3963				
TITLE	(D -	☐ DELETE	2.1 7	ITLE	, ,	, ,			Change	Addition	
NAME	GRIFFIN, GERALD F II		2.2 N	IAME							
STREET ADDRESS	5551 RIDGEWOOD DR #203	3	2.3 S	TREET ADDRESS							
CITY-ST-ZIP	NAPLES FL 33963		2 4 0	CITY+ST-ZIP	<u> </u>						
TITLE .	D	☐ DELETE	31 T	ITLE	[Change	Addition	
NAME	CORACE, RICHARD F		3.2 N	iame							
STREET ADDRESS	5551 RIDGEWOOD DR #203	3	3.3 S	Treet adoress							
CITY-ST-ZIP	NAPLES FL 33963		3.4. (CITY-S1-ZIP	<u> </u>						
TITLE		DELETE	4.1 T	ITLE					Change	Addition	
NAME	}		4.21	NAME							
STREET ADDRESS			4.3 \$	TREET ADDRESS							
CITY-ST-ZIP	Į .		4.4 0	ITY-ST-ZIP							
TITLE		☐ DELETE	5.11	ITLE		·			Change	Addition	
NAME	Į		5.2 N	IAME	[
STREET ADDRESS			5.3 9	TREET ADDRESS							
CITY-ST-ZIP			1	ity-st-zip							
TITLE		DELETE	6.1 T		1	· · · · · · · · · · · · · · · · · · ·			Change	Addition	
NAME	l .			IAME				_			
STREET ADDRESS			t	TREET ADDRESS	1						
CITY - ST - ZIP				HTY-ST-ZIP							
Pre 1 : 01 : 20	L		0.10	us Ell							

14. I do hereby certify that the information supplied with this hing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify here information indicated on this annual report of supplieries all annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, had I am an officer or director of the corporation for the receiver of turble ampowered to execute this report as required by Chapter 617, Florida Statutes; and had my name appears in Block 12 or Block 13 if chapter of the corporation with an address.

SIGNATURE

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

94/-793-77 Date Daytime Phone * 005