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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 # **N96000001336 (4)**

1. Corporation Name

THE BREAKWATER AT PELICAN BAY II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

8880 N POINTE DR
NAPLES FL 33963

Mailing Address

8880 N POINTE DR
NAPLES FL 33963

2. Principal Place of Business

2a. Mailing Address

26 **Breakwater II**

Suite, Apt. #, etc.

27 **6732 Lone Oak Blvd**

City & State

28 **Naples FL**

Zip

29 **34109**

Country

30 **Collier**

3. Date Incorporated or Qualified

03/07/1996

4. FEI Number

65-0680020

Applied For

Not Applicable

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

ROGER KRAMER & ASSOC
2786 W CROWN POINTE BLVD
SUITE 208
NAPLES FL 34112

10. Name and Address of New Registered Agent

81 Name **Roger Kramer & Associates**

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

6732 Lone Oak Blvd

83

84

City **Naples**

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, Read 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

TITLE ☐ DELETE

NAME **D CHAMBERS, JUDITH**

STREET ADDRESS **750 BENTWATER CIRCLE #202**

CITY-ST-ZIP **NAPLES FL 34108**

TITLE ☒ DELETE

NAME **D GRIFFIN, GERALD F II**

STREET ADDRESS **5551 RIDGEWOOD DR #203**

CITY-ST-ZIP **NAPLES FL 33963**

TITLE ☒ DELETE

NAME **D CORACE, RICHARD F**

STREET ADDRESS **5551 RIDGEWOOD DR #203**

CITY-ST-ZIP **NAPLES FL 33963**

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

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **P Dedmon, Don**

2.3 STREET ADDRESS **749 Bentwater Circle # 201**

2.4 CITY-ST-ZIP **Naples, FL, 34108**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **P Gardiner, Helen**

3.3 STREET ADDRESS **18 Richey Place**

3.4 CITY-ST-ZIP **Trenton N.J. 08618**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **D Martin, John**

4.3 STREET ADDRESS **755 Bentwater Circle #202**

4.4 CITY-ST-ZIP **Naples FL 34108**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **D Grant Chris**

5.3 STREET ADDRESS **1029 Chestnut**

5.4 CITY-ST-ZIP **AnArber, MI 48104**

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, upon an attachment with an address.

SIGNATURE:

Robert B. Cooper REQUIRED

1-15-98

592-1577

CR2E037 (10/97)