


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90121 040 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000001336**

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

 BREAKWATER II  
 6732 LONE OAK BLVD  
 NAPLES FL 34109  
 US


2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	03/07/1996
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0680020
24 Country	30 Country	Applied For
		Not Applicable
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees
Trust Fund Contribution		

9. Name and Address of Current Registered Agent

 ROGER KRAMER & ASSOC  
 6732 LONE OAK BLVD  
 NAPLES FL 34109

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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.

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

DATE

1-4-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P-D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAMBERS, JUDITH	1.2 NAME	Spanier, Donald
STREET ADDRESS	750 BENTWATER CIRCLE #202	1.3 STREET ADDRESS	770 Bentwater #104
CITY-ST-ZIP	NAPLES FL 34108	1.4 CITY-ST-ZIP	Naples, FL, 34108
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEDMON, DON	2.2 NAME	Vanourny, Peg
STREET ADDRESS	749 BENTWATER CIR #201	2.3 STREET ADDRESS	750 Bentwater # 201
CITY-ST-ZIP	NAPLES FL 34108	2.4 CITY-ST-ZIP	Naples, FL, 34108
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDINER, HELEN	3.2 NAME	same
STREET ADDRESS	18 RICHEY PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON NJ 08618	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JOHN	4.2 NAME	same
STREET ADDRESS	755 BRENTWATER CIR #202	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRANT, CHRIS	5.2 NAME	Rezac, C. Frank
STREET ADDRESS	1029 CHESTNUT	5.3 STREET ADDRESS	760 Bentwater Circle #204
CITY-ST-ZIP	ANARBOR MI 48104	5.4 CITY-ST-ZIP	Naples, FL, 34108
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1-11-99

Date

592-1527

Daytime Phone #

CR2E037 (11/98)