


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001337 (2)**  
1. Corporation Name

**THE BREAKWATER AT PELICAN BAY IV CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>8880 N POINTE DR NAPLES FL 33963</b>		Mailing Address <b>8880 N POINTE DR NAPLES FL 33963</b>	
2. Principal Place of Business 21	2a. Mailing Address 26 <b>Breakwater IV</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <b>6732 Lone Oak Blv</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State 23	City & State 28 <b>Naples FL</b>	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip 24	Country 25	Zip 29 <b>34109</b>	Country 30 <b>Collier</b>

3. Date Incorporated or Qualified <b>03/07/1996</b>	
4. FEI Number <b>65-0680016</b>	Applied For <input type="checkbox"/> Not Applicable

9. Name and Address of Current Registered Agent <b>COLEMAN, STEPHEN D 5811 PELICAN BAY BLVD SUITE 208 NAPLES FL 33963</b>	
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10. Name and Address of New Registered Agent 81 Name <b>Roger Kramer Assoc</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>6732 Lone Oak Blv</b> 83 <b>E</b> 84 City <b>Naples</b> FL 85 Zip Code <b>34109</b>	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1502, 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]** DATE **1/15/98**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE <b>D COLEMAN, STEPHEN D 5811 PELICAN BAY BLVD SUITE 208 NAPLES FL 33963 34108</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE <b>D GRIFFIN, GERALD F II 5551 RIDGEWOOD DR #203 NAPLES FL 33963</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE <b>D CORACE, RICHARD F 5551 RIDGEWOOD DR #203 NAPLES FL 33963</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D Coleman, Mark 5811 Pelican Bay Blvd Suite 208 Naples FL 34108</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>D MS Dermott, John 825 Bentwater Circle #203 Naples FL, 34108</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **[Signature]** **REQUIRED** **1-15-98 592-1577**

CR2E037 (10/97)