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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000001337

1. Corporation Name
THE BREAKWATER AT PELICAN BAY IV CONDOMINIUM ASSOCIATION, INC.

135449-90136.17

Principal Place of Business

8880 N POINTE DR
 NAPLES FL 33963

Mailing Address

BREAKWATER IV
 6732 LONE OAK BLVD
 NAPLES FL 34109
 US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/07/1996

4. FEI Number

65-0680016

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ROGER KRAMER ASSOC
 6732 LONE OAK BLVD
 NAPLES FL 34108

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

[Signature]
 (NOTE: Registered Agent signature required when reinstating)

1-4-99
 DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COLEMAN, STEPHEN D	
STREET ADDRESS	5811 PELICAN BAY BLVD SUITE 208	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLEMAN, MARK	
STREET ADDRESS	5811 PELICAN BAY BLVD STE 208	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCDERMOTT, JOHN	
STREET ADDRESS	825 BENTWATER CIR #203	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mc Dermott, John	
1.3 STREET ADDRESS	825 Bentwater Circle #203	
1.4 CITY-ST-ZIP	Naples, FL 34108	
2.1 TITLE	VP-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Thomas, Grant	
2.3 STREET ADDRESS	825 Bentwater Cir # 102	
2.4 CITY-ST-ZIP	Naples, FL, 34108	
3.1 TITLE	S/T-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Thomas, Dutch	
3.3 STREET ADDRESS	815 Bentwater Cir #204	
3.4 CITY-ST-ZIP	Naples FL 34108	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ianotta, Pat	
4.3 STREET ADDRESS	825 Bentwater Cir #203	
4.4 CITY-ST-ZIP	Naples FL 34108	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] 1/15/99 592 5464

CR2E037 (11/98)