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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 # **N96000001338 (0)**

1. Corporation Name

**THE BREAKWATER AT PELICAN BAY III CONDOMINIUM AS  
SOCIATION, INC.**

Principal Place of Business

**8880 N POINTE DR  
NAPLES FL 33963**

Mailing Address

**8880 N POINTE DR  
NAPLES FL 33963**

3. Date Incorporated or Qualified

**03/07/1996**

4. FEI Number

**65-0680018**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

34109

30

Collier

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$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

**COLEMAN, STEPHEN D  
5811 PELICAN BAY BLVD  
SUITE 208  
NAPLES FL 33963**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**  
STREET ADDRESS **COLEMAN, STEPHEN D**  
CITY-ST-ZIP **5811 PELICAN BAY BLVD SUITE 208**  
**NAPLES FL 33963 34108**

TITLE ☒ DELETE

NAME **D**  
STREET ADDRESS **GRIFFIN, GERALD F II**  
CITY-ST-ZIP **5551 RIDGEWOOD DR #203**  
**NAPLES FL 33963**

TITLE ☒ DELETE

NAME **D**  
STREET ADDRESS **CORACE, RICHARD F**  
CITY-ST-ZIP **5551 RIDGEWOOD DR #203**  
**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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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, or on an attachment with an address.

SIGNATURE:

**STEPHEN D COLEMAN**

**1-15-98**

**592-1577**

CR2E037 (10/97)