


FILE NOW: FILING FEE IS \$61.25

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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90003 021 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000001338					
1. Corporation Name THE BREAKWATER AT PELICAN BAY III CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 8880 N POINTE DR NAPLES FL 33963			Mailing Address BREAKWATER III 6732 LONE OAK BLVD NAPLES FL 34109 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/07/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0680018	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROGER KRAMER & ASSOC 6732 LONE OAK BLVD NAPLES FL 34109				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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] DATE 1-4-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COLEMAN, STEPHEN D			1.2 NAME	Johansen, Paul		
STREET ADDRESS	5811 PELICAN BAY BLVD SUITE 208			1.3 STREET ADDRESS	805 Bentwater Cir #106		
CITY-ST-ZIP	NAPLES FL 34108			1.4 CITY-ST-ZIP	Naples, FL, 34108		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	S/K	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COLEMAN, MARK			2.2 NAME	Kessel, George		
STREET ADDRESS	5811 PELICAN BAY BLVD STE 208			2.3 STREET ADDRESS	790 Bentwater Cir #101		
CITY-ST-ZIP	NAPLES FL 34108			2.4 CITY-ST-ZIP	Naples, FL, 34108		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JOHANSEN, PAUL			3.2 NAME	Makelin, Dale		
STREET ADDRESS	805 BENTWATER CIR #106			3.3 STREET ADDRESS	765 Bentwater Cir #204		
CITY-ST-ZIP	NAPLES FL 34108			3.4 CITY-ST-ZIP	Naples, FL 34108		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	Petropoulos, John		
STREET ADDRESS				4.3 STREET ADDRESS	805 Bentwater Cir #201		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Naples FL 34108		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	Reed, Bill		
STREET ADDRESS				5.3 STREET ADDRESS	795 Bentwater Cir #201		
CITY-ST-ZIP				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] DATE 1/11/99 DAYTIME PHONE # 592-1527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)