## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

N96000004703 (2)

THE BREAKWATER AT PELICAN BAY V CONDOMINIUM ASSO CIATION, INC.

## **FILED** Mar 14 1997 8:00am Secretary of State



Principal Plac	e of Business	Mailing Addres	Mailing Address			T JORNING BIR IRING BINN ORNIN BRUN BERN BONN BUNN BIRN BIRN BEND HAN NOOL		
8880 NORTH POINTE DRIVE NAPLES FL 34108		8880 NORTH POINTE DRIVE NAPLES FL 34108-7799						
						3. Date Incorporated or Qualified 09/09/1996	3a. Date of L	ast Report
2. Principal P	Place of Business	2a. Mailing Add	ress			4. FEI Number		Applied For
21		26		65-0680017		Not Applicable		
Sulte, Apt.	#, etc.	Suite, Apt. #	t, etc.			5. Certificate of Status Desired		75 Additional se Required
City & Stat	е	City & State				6. Election Campaign Financing \$5.00 May Be		
23		28				Trust Fund Contribution Added to F		
Zip	Country	Zip		Country	,	8. This corporation has liability for		der s. 199.032,
24	25	29	30	L			JYes ☐ No	
	9. Name and Address of Curre	nt Hegistereo Agent		81	Name	10. Name and Address of New Re	gisterea Agent	
				"	INALLIC			
	AN, STEPHEN D		82 Street Ac		ldress (P.O. Box Number is Not Acceptable)			
SUITE 2	ELICAN BAY BLVD.			83		· · · · · · · · · · · · · · · · · · ·		
	5 FL 34108							
TWW LEX	7 1 G 07 100			84	City		FL 85	Zip Code
l office or r	to the provisions of Sections 617.056 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such cha	nge was authi	orized b	/ the corpor	rporation submits this statement for the patients beard of directors. I hereby accept	ourpose of chang of the appointmen	ing its registered at as registered
SIGNATORE .	Signature, typed or printed name of registered ag	ent and title if applicable.	(NOTE: Rec	g stered Ag	ent signature req	ulred when reinstating)	DATE	
12.	r <del></del>	ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	D		ELETE	1.1 TITLE			∐ Cha	inge Addition
NAME	COLEMAN, STEPHEN D			1.2 NAME				
STREET ADDRESS	5811 PELICAN BAY BLVD. S	SUITE 208		1.3 STREET	ADDRESS			
CITY-ST-ZIP	NAPLES FL 34108		51.575	1.4 CHY-5	1 - ZIP			1.000
TITLE	D CONTRACTOR OF III		ELETE	2.1 TITLE			L Cha	inge L Addition
NAME	GRIFFIN, GERALD F II	۸	1	2.2 NAME				
STREET ADDRESS	5551 RIDGEWOOD DR. #20	3	I.	2.3 STREET	i i			
CITY-ST-ZIP	NAPLES FL 34108	<u> </u>	ELETE	2.4 CITY-	ST-ZIP		1705	unno T Addisino
TITLE	OUDYCE BICHYDD E	υ	ert (t	31 TITLE			Cha	ange L Addition
NAME	CORACE, RICHARD F 5551 RIDGEWOOD DR. #20	9		3.2 NAME	ACCOUNT.			
STREET ADDRESS	NAPLES FL 34108	J		3.3 STREET				
CITY-ST-ZIP TITLE	INTLES PL 34 100		ELETE	3.4. CITY 4.1 TITLE	51-ZIP		Cha	nge
NAME		ه ت	··· [	4. 2 NAME			۵٬۰۰۰	
STREET ADDRESS			ı	4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 CITY - S				
TITLE	<u></u>	D	ELETE	5.1 TITLE	·		☐ Cha	nge Addition
NAME				5 2 NAME				<del>_</del>
STREET ADDRESS				5.3 STREET	ADDRESS			
CITY-ST-ZIP			1	5.4 City - 9	ì			
TITLE			ELETE	6.1 TITLE			☐ Cha	nge Addition
NAME		. —	I	6.2 NAME				-
STREET ADDRESS				6,3 STREET	ADDRESS			
CITY-ST-ZIP			ŀ	6.4 CITY - S	1			
	L <del></del>							

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the all annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that for or trustee empowered to execute this can have required by Chapter 617, Florida Statutes; and that my name through with all properties of the control 14. I do hereby certify that the information supplied with the information indicated on this annual report or symptome. I am an officer or director of the corporation of the papears in Block 12 or Block 12 if each the corporation of the corporation.