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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # P93000011703 (4)

**1. Corporation Name
DEVELOPERS OF BREAKERS POINT, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business P.O. BOX 1448
PUNTA GORDA FL 33951-1448

Mailing Address P.O. BOX 1448
PUNTA GORDA FL 33951-1448

3. Date Incorporated or Qualified 02/15/1993
3a. Date of Last Report 05/01/1994

2. Principal Place of Business 21
2a. Mailing Address 26

22 Suite, Apt. #, etc. **27** Suite, Apt. #, etc.

23 City & State **28** City & State

24 Zip **25** Country **29** Zip **30** Country

4. FEI Number 65-0394670
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**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**WOTTZKY, EDWARD L
201 W. MARION AVE.
SUITE 301
PUNTA GORDA FL 33950**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **D FS**
NAME **CRIST, DOUGLAS E**
STREET ADDRESS **2305 BOLLMAN DR.**
CITY - ST - ZIP **LANSING MI 48917**

TITLE **D V F**
NAME **JOHNS, LEWIS D**
STREET ADDRESS **316 E. MICHIGAN AVE.**
CITY - ST - ZIP **LANSING MI 48933**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or in all documents thereto.

SIGNATURE: _____ **Date** 3/31/95 **Typed Name** Pres 65-639-1120