
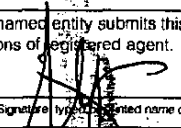
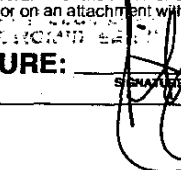


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90997 022 ***150.00

DOCUMENT # P93000051822 1. Entity Name BREAKWINDS RESORTS CORP.																											
Principal Place of Business 3962 NW PINE ISLAND ROAD MATLACHA, FL 33993		Mailing Address 3962 NW PINE ISLAND ROAD MATLACHA, FL 33993																									
2. Principal Place of Business 1409 SW 13th Street Suite, Apt. #, etc. Cape Coral, FL. City & State		3. Mailing Address 1409 SW 13th Street Suite, Apt. #, etc. - City & State Cape Coral FL Zip 33991 Country																									
4. FEI Number 65-0424928		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent DORSMAN, JUDY 12685 OVERSEAS HWY MARATHON, FL 33050		7. Name and Address of New Registered Agent Name Judy A. Gugerli Street Address (P.O. Box Number is Not Acceptable) 1409 SW 13th Street City Cape Coral FL Zip Code 33991																									
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4.21.04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">S</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>DORSMAN, JUDY A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3962 NW PINE ISLAND ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MATLACHA, FL 33993</td> <td></td> </tr> </table>		TITLE	S	<input type="checkbox"/> Delete	NAME	DORSMAN, JUDY A		STREET ADDRESS	3962 NW PINE ISLAND ROAD		CITY-ST-ZIP	MATLACHA, FL 33993		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Judy A. Gugerli</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1409 SW 13th ST</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Cape Coral, FL 33991</td> <td></td> </tr> </table>		TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Judy A. Gugerli		STREET ADDRESS	1409 SW 13th ST		CITY-ST-ZIP	Cape Coral, FL 33991	
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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																											
SIGNATURE: 		Date 4/26/04 Daytime Phone # 239 540-7007																									