

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

**FILED**  
**Feb 25 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

**DOCUMENT # 720000 (9)**  
 1. Corporation Name  
**ISLAND BREAKERS - A CONDOMINIUM, INC.**



Principal Place of Business: 150 OCEAN LANE DRIVE, KEY BISCAYNE FL 33149  
 Mailing Address: 150 OCEAN LANE DRIVE, KEY BISCAYNE FL 33149-1458

3. Date Incorporated or Qualified: 01/07/1971  
 3a. Date of Last Report: 04/24/1996  
 4. FEI Number: 59-1312689  
 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  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent  
**JANOFKY, JUDY**  
**150 OCEAN LANE DRIVE**  
**KEY BISCAYNE FL 33149**

10. Name and Address of New Registered Agent (81-85)  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: JANOFKY, JUDY		1.2 NAME	
STREET ADDRESS: 150 OCEAN LANE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP: KEY BISCAYNE FL		1.4 CITY-ST-ZIP	
TITLE: VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FONTS, BERT		2.2 NAME	
STREET ADDRESS: 150 OCEAN LANE DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP: KEY BISCAYNE FL		2.4 CITY-ST-ZIP	
TITLE: TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: COTE, RAYMOND		3.2 NAME	
STREET ADDRESS: 150 OCEAN LANE DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP: KEY BISCAYNE FL		3.4 CITY-ST-ZIP	KEY BISCAYNE, FL. 33149
TITLE: SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: PRIDGEON, ALEIDA		4.2 NAME	
STREET ADDRESS: 150 OCEAN LANE DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP: KEY BISCAYNE FL 33149		4.4 CITY-ST-ZIP	
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CONSUEGRA, MIRIAM		5.2 NAME	
STREET ADDRESS: 150 OCEAN LANE DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP: KEY BISCAYNE FL		5.4 CITY-ST-ZIP	
TITLE: D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KIPFER, MARGRIT		6.2 NAME	
STREET ADDRESS: 150 OCEAN LANE DRIVE		6.3 STREET ADDRESS	
CITY-ST-ZIP: KEY BISCAYNE FL 33149		6.4 CITY-ST-ZIP	KEY BISCAYNE, FL. 33149

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(5)(b), 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: *Judy Janofsky* President 2/18/97  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000

CR2E037 (9/96)