

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT



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

1996 2996 B-972 NC

DOCUMENT # 718482 (3)

1. Corporation Name

BREAKERS OF FT. LAUDERDALE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

909 BREAKERS AVE.  
FT. LAUDERDALE FL 33304

3045 POLYNESIAN ISLES BLVD  
KISSIMMEE FL 34746  
US



3. Date Incorporated or Qualified  
05/11/1970

3a. Date of Last Report  
03/13/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2454526

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEYERS, STEVEN, P.A.  
ONE BISCAYNE TOWER, SUITE 3550  
TWO SOUTH BISCAYNE BLVD  
MIAMI FL 33131

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
SVINSKY, SEYMOUR  
STREET ADDRESS  
909 BREAKERS AVE  
CITY - ST - ZIP  
FT. LAUDERDALE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
MOLKO, RONALD S  
STREET ADDRESS  
909 BREAKERS AVE.  
CITY - ST - ZIP  
FT. LAUDERDALE FL

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
MEYERS, NEIL  
STREET ADDRESS  
C/O RESORT WORLD 2758 POINCIANA BLVD  
CITY - ST - ZIP  
KISSIMMEE FL

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
GRABARNICK, GENE  
STREET ADDRESS  
909 BREAKERS AVE.  
CITY - ST - ZIP  
FT. LAUDERDALE FL

1.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
WNOWSKI, RON  
STREET ADDRESS  
909 BREAKERS AVE.  
CITY - ST - ZIP  
FT. LAUDERDALE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
AXELROD, CARLIN  
STREET ADDRESS  
909 BREAKERS AVE  
CITY - ST - ZIP  
FT LAUDERDALE FL

2.2 NAME ☐ Change ☐ Addition

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)