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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718482

1. Corporation Name

BREAKERS OF FT. LAUDERDALE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

909 BREAKERS AVE.
FT. LAUDERDALE FL 33304

Mailing Address

3045 POLYNESIAN ISLES BLVD
KISSIMMEE FL 34746
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/11/1970

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

9. Name and Address of Current Registered Agent

~~MEYERS, STEVEN, P.A.~~
ONE BISCAYNE TOWER, SUITE 3580
TWO SOUTH BISCAYNE BLVD
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name Michelle C. Frigola Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
5340 North Federal Hwy, Suite 104
83 Lighthouse Point Professional Center
84 City Lighthouse Point FL 85 Zip Code 33064

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 Michelle C. Frigola
Signature typed or printed name of registered agent and title if applicable.

Michelle C. Frigola Esq.
(NOTE: Registered Agent signature required when reinstating)

1/13/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MOLKO, RONALD S	
STREET ADDRESS	909 BREAKERS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MEYERS, NEIL	
STREET ADDRESS	C/O RESORT WORLD 2758 POINCIANA BLVD	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GRABARNICK, GENE	
STREET ADDRESS	909 BREAKERS AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WNUKOWSKI, RON	
STREET ADDRESS	4061 HAGGERTY RD	
CITY-ST-ZIP	W BLOOMFIELD MI 4803	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mark Cover	
1.3 STREET ADDRESS	7503 Greenlawn Drive	
1.4 CITY-ST-ZIP	Houston, TX 77088	
2.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Keith McLeod	
2.3 STREET ADDRESS	2824 Sciler Dr.	
2.4 CITY-ST-ZIP	Naperville, IL 60565	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Charles Wise	
3.3 STREET ADDRESS	P.O. Box 485	
3.4 CITY-ST-ZIP	Elizabethtown, KY 42702-0485	
4.1 TITLE	President/ID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Billy Wilks	
5.3 STREET ADDRESS	6880 Lake Ellenor Drive	
5.4 CITY-ST-ZIP	Orlando, FL 32809	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Ron WNUKOWSKI
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99
Date

954/566-8800
Daytime Phone #

0073456

CR2E037 (1/98)