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Mar 13 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 # 723365 (3)

1. Corporation Name
TRACY CONDOMINIUM, INC



Principal Place of Business

Mailing Address

C/O TOM COBITZ
3000 BIRD AVE., #4
MIAMI FL 33133

C/O TOM COBITZ
3000 BIRD AVE., #4
MIAMI FL 33133-4530

3. Date Incorporated or Qualified 05/09/1972
3a. Date of Last Report 04/24/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-1580074
Applied For Not Applicable

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

25 Country

28 Zip

30 Country

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

COBITZ, THOMAS A.
3000 BIRD AVE., #4
MIAMI FL 33133

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 617.1506, 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 of the president, officer, agent and the incorporator

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBITZ, TOM	12 NAME	
STREET ADDRESS	3000 BIRD AVE. NO. 4	13 STREET ADDRESS	
CITY, ST, ZIP	COCONUT GROVE FL 33133	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRAPER, DONNA	22 NAME	
STREET ADDRESS	3685 JUSTISON RD.	23 STREET ADDRESS	
CITY, ST, ZIP	COCONUT GROVE FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRETT, DAVE,	32 NAME	
STREET ADDRESS	3930 IRVINGTON AVE.	33 STREET ADDRESS	
CITY, ST, ZIP	COCONUT GROVE FL 33133	34 CITY-ST-ZIP	
TITLE	Kieser, Allen ALLEN	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIRECTOR	42 NAME	
STREET ADDRESS	3000 Bird Ave No 4	43 STREET ADDRESS	
CITY, ST, ZIP	COCONUT GROVE FL 33133	44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY-ST-ZIP	

14. I do 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 included 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 TYPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-97

Date

Customer Phone # 0026893

CR2E037 (9/96)