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Jan 31 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 # 746905 (9)

1. Corporation Name

SEASHORE CLUB SOUTH MOTEL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

18975 COLLINS AVE
MIAMI BCH FL 33160

221 S.W. 22ND AVENUE
SUITE 219
MIAMI FL 33135-1544

3. Date Incorporated or Qualified
04/25/1979

3a. Date of Last Report
02/26/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 295 Fontainebleau Blvd.

4. FEI Number

52-1147736

Applied For

Not Applicable

22 City & State

27 200
28 Miami Florida

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip Country

29 33122 30 Dade

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

BECKER & POLIAKOFF
6161 BLUE LAGOON DRIVE
#250
MIAMI FL 33126

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 VD
NAME CARANCI, LOUISE
STREET ADDRESS 18975 COLLINS AVE. B208
CITY-ST-ZIP MIAMI BCH FL

1.1 TITLE VP
1.2 NAME Jose Sigler
1.3 STREET ADDRESS 18975 COLLINS AVE. #A201
1.4 CITY-ST-ZIP MIAMI BEACH FL 33160

TITLE D
NAME GREEN, JOHN E.
STREET ADDRESS 18260 N. BAY ROAD, #512
CITY-ST-ZIP MIAMI BCH FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD
NAME SIGLER, JOSE
STREET ADDRESS 18975 COLLINS AVE A201
CITY-ST-ZIP MIAMI BCH FL

3.1 TITLE
3.2 NAME Louis CARANCI
3.3 STREET ADDRESS 18975 COLLINS AVE. #B208
3.4 CITY-ST-ZIP MIAMI BEACH FL 33160

TITLE TD
NAME GERMI, LARRY
STREET ADDRESS 11740 SW 113 COURT
CITY-ST-ZIP MIAMI FL

4.1 TITLE
4.2 NAME Robert Levesque
4.3 STREET ADDRESS 523 CHAMBERLAIN
4.4 CITY-ST-ZIP BOISBRIAND JQ 6141-Quebec CANADA

TITLE TD
NAME CARANCI, LOUIS
STREET ADDRESS 5 HILL STREET
CITY-ST-ZIP CENTERDALE RI

5.1 TITLE
5.2 NAME Ralph Destefano
5.3 STREET ADDRESS 523 BERNINGTON STREET
5.4 CITY-ST-ZIP East Boston, MA 02128

TITLE SD
NAME GREEN, BEATRICE
STREET ADDRESS 18260 N. BAY ROAD, #512
CITY-ST-ZIP NORTH MIAMI BEACH FL

6.1 TITLE
6.2 NAME Edmond-Lacotte
6.3 STREET ADDRESS 614 Rang-Fleury
6.4 CITY-ST-ZIP St. BERNARD Sud, Quebec CANADA

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 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 # 7020001

CR2E037 (9/96)