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

DOCUI	MENT # 751048	(0)			
SOUTH BAY CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business Mailing Address					
6289 W/SUN	IRISE BLVD.	P.O. BOX 189013			
#202 Sunrise Ri	33313	PLANTATION FL 33318 US			
Us	\			 Date Incorporated or Qualified 02/12/1980 	3a. Date of Last Report 03/28/1995
	ace of Business	2a. Mailing Address	A	4. FEI Number	Applied For
	WEST AVE	26 800 WEST.	40E	59-2064543	Not Applicable
Suite, Apt.	*, etc.	Suite, Apt. #, etc. 27 MNG 7 0 F1	FI(E	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	. 11 [/	City & State	2 4	6. Election Campaign Financing	\$5.00 May Ro
23 M. Q			ch FL	Trust Fund Contribution	Added to Fees
Zip 33 F.	39 Z5 US A	Zip 3/39 30	Country	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes 🔲 No
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent					
Name US				USHER BRYI	u
SUMMIT PROPERTY MGMT. 82 Street Addre			ddress (P.O. Box Number is Not Acceptable	الدر	
6289 W. SUNRISE BLVD. 83				1 100 /11 01 - 1	-7/8
	E FL\33313		84 City A c		RS Zip Code
	1		1 341	IENTURA	FL 85 Zip Code 33/80
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.					
tamiliar wţ SIGNA® JRE	th, and accept the obligations of, Section	1617.0503, Florida Statutes.	Barr	j 4-	-30-95
Signature, typod or protect in the of registered agent and title if applicable. NOTE Registered Agent signature required v				ulred when reinstating)	DATE
12.	OFFICERS AND I	DIRECTORS DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change X Addition
NAME	BANNISTER, DAVID	(3	12 NAME	TAMES WEINGAR	TEN
STREET ADDRESS	800 WEST AVE, 844		13 STREET ADDRESS	800 WEST AVE, 4	76
CITY-ST-ZIP	MIAMI BEACH FL	P** b.c. p.e.	14 CITY+ ST-ZIP	Miami Sch FL3	3139
TITLE	VD	☐ DELETE	21 TITLE	DIR. NORRY LYNCH	Change Addition
NAME STREET ADDRESS	BUCKLES, CHARLES 800 WEST AVE., #201		2.2 NAME 2.3 STREET ADDRESS	ROD WEST AVE.	1029
CITY-ST-ZIP	MIAMI BEACH FL		2 4 CITY-ST-ZIP	Niami BLAR 33/3	9
TITLE	TD	□DEL€7E	31 TITLE	DIRECTOR	Change Addition
NAME	MURPHY, STEVEN		32 NAME	morphy, steven) fo
STREET ADDRESS	800 WEST AVENUE, #346		3.3 STREET ADDRESS	800 West Ave # 30 MIAMIRCH 74	
CITY-\$T-ZIP TITLE	MIAMI BEACH FL D	DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	THE HOUR TU	Change Addition
NAME	LOWENTHAL, EVELINA		4. 2 NAME		
STREET ADDRESS	800 W. AVE, 835		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	P DE LEC	4.4 CITY - ST - ZIP		F105 F11480
TITLE	PD LICON	DELETE	5.1 TITLE		Change Addition
NAME Street Address	IGOE, ALISON 800 W AVE, 634		5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		5.4 CITY-ST-ZIP	300001R3	34223
TITLE	SD	DELETE	6.1 TITLE	<u> </u>	33OUTChange Addition
NAME	PETROLE, LOUIS		6.2 NAME	***70.00	321
STREET ADDRESS	800 W. AVE, 729		6.3 STREET ADDRESS		160
••	MIAMI BCH FL				<i>,</i> ,

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). Fiorida 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 certify 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 if changed, or one attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-96 305 6723548

Daytime Phone #

CR2E037 (12/95)