


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **751048** (0)  
1. Corporation Name  
**SOUTH BAY CLUB CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
800 WEST AVE. MGMT OFFICE MIAMI BCH. FL 33139 US	800 WEST AVE. MGMT OFFICE MIAMI BCH. FL 33139 US

3. Date Incorporated or Qualified <b>02/12/1980</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
4. FEI Number <b>59-2064543</b>	Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**USHER, BRYN**  
**2999 NE 191 AT-PH6**  
**ADVENTURA FL 33180**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D WEINGARTEN, JAMES</b>
STREET ADDRESS	<b>800 WEST AVE., #446</b>
CITY-ST-ZIP	<b>MIAMI BCH. FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>V BUCKLES, CHARLES</b>
STREET ADDRESS	<b>800 WEST AVE., #201</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D LYSE FREIDLEIG</b>
STREET ADDRESS	<b>800 WEST AVE. #928</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T LYNCH, NORRY</b>
STREET ADDRESS	<b>800 WEST AVE., #1029</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>P IGOE, ALISON</b>
STREET ADDRESS	<b>800 W AVE, 634</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S PETROLE, LOUIS</b>
STREET ADDRESS	<b>800 W. AVE, 729</b>
CITY-ST-ZIP	<b>MIAMI BCH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Secretary</b>
1.3 STREET ADDRESS	<b>Jill McWilliams</b>
1.4 CITY-ST-ZIP	<b>800 West Ave #249</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Michael Chianese (Director)</b>
2.3 STREET ADDRESS	<b>800 West Ave # PH 35</b>
2.4 CITY-ST-ZIP	<b>Miami Beach, FL. 33139</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Treasurer</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>President</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Vice President</b>
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.

SIGNATURE: \_\_\_\_\_

1/7/98

CR2E037 (10/97)