

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90310 015 \*\*\*\*61.25

**DOCUMENT # 751048**

1. Entity Name  
**SOUTH BAY CLUB CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**800 WEST AVE.  
MGMT OFFICE  
MIAMI BCH., FL 33139 US**

Mailing Address  
**800 WEST AVE.  
MGMT OFFICE  
MIAMI BCH., FL 33139 US**

40047300



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-2064543**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SKRLD, INC  
201 ALHAMBRA CIRCLE  
STE 1102  
MIAMI, FL 33134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME WRIGHT, ANDREW  
STREET ADDRESS 800 WEST AVE #822  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Change ☒ Addition  
NAME JANE BUCKINGTON  
STREET ADDRESS 800 WEST AVENUE # 904  
CITY-ST-ZIP MIAMI Bch, FL. 33139

TITLE D ☒ Delete  
NAME JOHN, ANDRU  
STREET ADDRESS 800 WEST AVENUE #803  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Change ☒ Addition  
NAME FAIRFAX ATHERTON  
STREET ADDRESS 800 WEST AVENUE # 709  
CITY-ST-ZIP MIAMI BEACH, FL- 33139

TITLE D ☒ Delete  
NAME BAZARRETTI, R. GEORGE  
STREET ADDRESS 800 WEST AVENUE PENTHOUSE 16  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Change ☒ Addition  
NAME JAY ADLER  
STREET ADDRESS 800 WEST AVENUE # 305  
CITY-ST-ZIP MIAMI BEACH, FL. 33139

TITLE S ☐ Delete  
NAME PUNS, BELKIS  
STREET ADDRESS 800 WEST AVENUE #525  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME CODEN, JACK  
STREET ADDRESS 800 WEST AVE #522  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☐ Delete  
NAME LAFFORQUE, PABLO  
STREET ADDRESS 800 WEST AVENUE #516  
CITY-ST-ZIP MIAMI BEACH, FL 33139

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Pablo Lafforque*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/06 305.672.3549  
Date Daytime Phone #