

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752616 (3)
1. Corporation Name
NAUTICO BAY CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
6937 BAY DR. MIAMI BEACH FL 33141 US
6937 BAY DR. MIAMI BEACH FL 33141 US

3. Date Incorporated or Qualified **05/23/1980** 3a. Date of Last Report **04/20/1995**
4. FEI Number **59-2248240** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
MOTOLA, ISAAC
6937 BAY DR., #210
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **SAME**
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOTOLA, ISAAC	
STREET ADDRESS	6937 BAY DR.	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	NEWMAN, LINDA	
STREET ADDRESS	6937 BAY DRIEV, APT. 311	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RAWMAR, ANA	
STREET ADDRESS	6937 BAY DRIVE, APT. 302	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MILTAN, MOISES	
STREET ADDRESS	6937 BAY DRIVE	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ANNUITRI, CARLO	
STREET ADDRESS	6937 BAY DR #311	
CITY-ST-ZIP	MIAMI BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEROVFF, LORRYNE	
STREET ADDRESS	6937 BAY DR #505	
CITY-ST-ZIP	MIAMI BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOAN OSW ALBERT	
1.3 STREET ADDRESS	6937 BAY DR APT 412	
1.4 CITY-ST-ZIP	MIAMI BEACH FL 33141	
2.1 TITLE	Fanny Faro	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	6937 BAY DR APT 201	
2.3 STREET ADDRESS	MIAM. BEACH FL. 33141	
2.4 CITY-ST-ZIP		
3.1 TITLE	Rafael SAMALCA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	6937 BAY DR 201	
3.3 STREET ADDRESS	MIAM. BEACH FL 33141	
3.4 CITY-ST-ZIP		
4.1 TITLE	YOLANDA DOM. NG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	6937 BAY DR 205	
4.3 STREET ADDRESS	MIAM. BEACH FLA	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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), 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]* 2/17 (30) 564 8285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)