


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

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| NONPROFIT CORPORATION ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 757230 (8)
 1. Corporation Name
OMNI BAY HOUSE CONDOMINIUM ASSOCIATION, INC.



| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 701 NE 23 STREET #202 MIAMI FL 33137 | 701 NE 23 STREET #202 MIAMI FL 33137 |

| | |
|---|--|
| 3. Date Incorporated or Qualified 06/02/1981 | 3a. Date of Last Report 06/29/1995 |
| 4. FEI Number 59-2161360 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|--|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 701 N. E. 23rd St. | 26 701 N. E. 23rd Street |
| Suite, Apt. #, etc. 22 #101 -308 | Suite, Apt. #, etc. 27 # 203 |
| City & State 23 Miami, Florida | City & State 28 Miami, Florida |
| Zip 24 33137 | Country 25 Dade |
| Zip 29 33137 | Country 30 Dade |

9. Name and Address of Current Registered Agent

POLIAKOFF, BECKER PA
10161 BLUE LAGOON DR.
SUITE 250
MIAMI FL 33126

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 | XXX President <input type="checkbox"/> DELETE |
| NAME | AYAD, GEORGE |
| STREET ADDRESS | 701 N.E. 23 STREET #202 |
| CITY-ST-ZIP | MIAMI FL 33137 |
| TITLE | XXX Member-at-Large <input type="checkbox"/> DELETE |
| NAME | WATERMAN, MARGIE |
| STREET ADDRESS | 701 N.E. 23 STREET #108 |
| CITY-ST-ZIP | MIAMI FL 33137 |
| TITLE | SD <input checked="" type="checkbox"/> DELETE |
| NAME | SLATER, MARY |
| STREET ADDRESS | 701 N.E. 23 STREET #201 |
| CITY-ST-ZIP | MIAMI FL 33137 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Vice-President |
| 1.3 STREET ADDRESS | John Clemens |
| 1.4 CITY-ST-ZIP | 701 N. E. 23rd Street |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | # 308 |
| 2.3 STREET ADDRESS | Miami, Florida 33137 |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Treasurer |
| 3.3 STREET ADDRESS | Delores B. Poole |
| 3.4 CITY-ST-ZIP | 701 N. E. 23rd Street |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | # 203 |
| 4.3 STREET ADDRESS | Miami, Floriad 33137 |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Secretary |
| 5.3 STREET ADDRESS | Billy Aldanas |
| 5.4 CITY-ST-ZIP | 701 N. E. 23rd Street |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | # 304 |
| 6.3 STREET ADDRESS | Miami, Florida 33137 |
| 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 REQUIRED _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Ayad - President
Delores B Poole 6-12-96

CR2E037 (3/96)

FILE NOW: FILING FEE IS \$61.25

ROBERT B. LARKEY, CPA

3856785852

P. 02

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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DOCUMENT # 757230 (8) OMNI BAY HOUSE CONDOMINIUM ASSOCIATION, INC.



1. Corporation Name: OMNI BAY HOUSE CONDOMINIUM ASSOCIATION, INC. Principal Place of Business: 701 NE 23 STREET #202 MIAMI FL 33137 Mailing Address: 701 NE 23 STREET #202 MIAMI FL 33137

2. Principal Place of Business: 701 N.E. 23 STREET #202 MIAMI, FLORIDA 33137 USA. 2a. Mailing Address: 701 N.E. 23 STREET #202 MIAMI, FLORIDA 33137 USA.

3. Date Incorporated or Qualified: 06/02/1981. 4. Date of Last Report: 06/29/1995. 4. FEI Number: 69-2161360. 5. Certificate of Status Desired: [] \$8.75 Additional Fee Required. 6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees. 7. This corporation has liability for intangible tax under s. 190.032, Florida Statutes: [] Yes [X] No.

8. Name and Address of Current Registered Agent: POLIAKOFF, BECKER PA 10161 BLUE LAGOON DR. SUITE 250 MIAMI FL 33126

10. Name and Address of New Registered Agent: [] Name [] Street Address [] City [] Zip Code

11. Pursuant to the provisions of Sections 617.0802 and 617.1808, 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 617.0803, Florida Statutes.

SIGNATURE: [] Signature, typed or printed name of registered agent and title if applicable. [] Signature of Registered Agent signed when creating.

Table with 2 columns: OFFICERS AND DIRECTORS. Rows include: AYAD, GEORGE (PTD), WATERMAN, MARGE (VD), SLATER, MARY (SD), and empty rows with DELETED checkboxes.

Table with 2 columns: ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include: JOHN CLEMENS (VD), DELORES POOLE (TD), BILLIE ALDAMAS (SD), and empty rows with Change/Addition checkboxes.

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 118.07(3)(a), 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: Delores Poole 6-12-96 Treasurer, Omni Bay House Condo Association. Please see attached.