

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.)

1-2

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 701 NE 23 STREET #202 MIAMI FL 33137	Mailing Address 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 21 701 N. E. 23rd St.	2a. Mailing Address 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
 10181 BLUE LAGOON DR.
 SUITE 250
 MIAMI FL 33126**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
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	President Director <input type="checkbox"/> DELETE
NAME	AYAD, GEORGE
STREET ADDRESS	701 N.E. 23 STREET #202
CITY-ST-ZIP	MIAMI FL 33137
TITLE	Member-at-Large <input type="checkbox"/> DELETE
NAME	WATERMAN, MARGIE Director
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 Director
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, Florida 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: **George Ayad - President**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Delores B. Poole 6-12-96
 Daytime Phone: **711/196**

CR2E037 (3/96)