FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(8)

OMNI BAY HOUSE CONDOMINIUM ASSOCIATION, INC.

FILED Apr 08 1997 8:00am Secretary of State

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Principal Place of Business Mailing Address									HOM BIBIT IDDI
01 N.E. 23RD	ST	701 N.E. 23RD ST							
101-308 #101-308 NAMI FL 33137 MIAMI FL 33137-4968									
MAMI FE 33137 MIAMI FE 33137 4300						3. Date Incorporated or Qualified 3a. Date of Last Report 06/02/1981 07/11/1996			
. Principal Pi	lace of Business	2s. Mailing Address				4. FEI Number		TIA	pplied For
1		26				59-2161360			lot Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional lequired
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cou	intry		8. This corporation has liability for	intangible		
]	25	29	30			Florida Statutes	Yes [No	
	9, Name and Address of Current	t Registered Agent	·	ļ,		10. Name and Address of New Re	gistered	Agent	
(81	Name				l
* POLIAKOFF, BECKER PA				82	82 Street Address (P.O. Box Number is Not Acceptable)				:
10161 BLUE LAGOON DR.				83					
SUITE 25									
🕴 MIAMI FL	. 33120			84	City		FL	85 Zip	Code
1. Pursuant t	to the provisions of Sections 617,0502	and 617.1508. Florida Statut	es the a	bove	a-named cor	poration submits this statement for the		changing i	its registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida, Such change was a	authorize orida Stat	d by	the corpore	poration submits this statement for the pation's board of directors. I hereby acce	ot the app	ointment as	registered
SIGNATURE _	The terminal that, and dobopt the obliga	mona or, obotron o m.coco, m	onou ota	iuico					
BIGINATURE _	Signature, typed or printed name of registered ager	nt and title if applicable. (NO)	E: Registere	d Age	nt signature requ	lired when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	PD	☐ DELETE	1.1 TITLE		<u> </u>	SD		Change	X Addition
NAME	AYAD, GEORGE		1,2 N	AME		S. CARTER STRONG			
STREET ADDRESS	701 N.E. 23 STREET #202		1.3 \$	FREET		701 N.E. 23 STREET, #	208		
CITY-ST-ZIP	MIAMI FL 33137		_	1Y-\$1	T-ZIP	MIAMI, FL 33137			
TITLE	0	X DELETE	2.1 11	TLE				☐ Change	Addition
NAME	WATERMAN, MARGIE		22 N	AME	İ				
STREET ADDRESS	701 N.E. 23 STREET #108		2.3 \$1	REET	ADDRESS				İ
CITY-ST-ZIP	MIAMI FL 33137				T- 21P		·		
TITLE	VPD	☐ DELETE	3.1 10					☐ Change	L Addition
NAME	CLEMENS, JOHN		3.2 N/	AME					
STREET ADDRESS	701 N.E. 23 STREET #308				ADDRESS				
CITY-ST-ZIP	MIAMI FL 33137	TT NEI CEC	3.4. C			(m)		क्रिक्र क	
TITLE	POOLE DELODES D	☐ DELETE	4.1 70]	TD		X Change	Addition
NAME	POOLE, DELORES B		4. 2 N						
STREET ADDRESS	MIAMI FL 33137		- 1		ADDRESS				
CITY-ST-ZIP TITLE	6	X DELETÉ	4.4 CI			D		The Observe	TE 4.200
	ALDANAS, BILLY	M DECEIC	51 TI			=		Change	X Addition
NAME PERFET ANDRESS	701 N.E. 23RD STREET #304		5.2 N/			DIEGO PEREZ	-		j
STREET ADDRESS	MIAMI FL 33137					8910 GRAND CANAL DRIV	5		ļ
CITY-ST-ZIP FITLE	MINNI I F 00101	DELETE	5.4 CI		1-ZIP I	MIAMI, FL 33174		Chanas	Kalina
· · ·		Land December	6.1 T(1		ŀ			Change	☐ Addition
NAME STREET ADDRESS			6.2 NA		1000000				
					ADDRESS				ļ
ITY-ST-ZIP	<u> </u>		6.4 Cf	11-51	· LIP				

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Soction 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 logal 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.

CHEROLDE FOR MILES