


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90003 040 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 763583

1. Corporation Name
DESERT INN CLUB I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business INC. 17141 COLLINS AVE. NORTH MIAMI BEACH FL 33160-3617	Mailing Address INC. 17141 COLLINS AVE. NORTH MIAMI BEACH FL 33160-3617
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/03/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2473446 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent LEIB, LEONARDO 20421 N.E. 7TH COURT N. MIAMI FL 33160	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 290 174TH STREET 83 APT#1509 84 City MIAMI BEACH FL 85 Zip Code 33160
--	---

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE STD <input type="checkbox"/> DELETE	NAME LEIB, LEONARDO	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME LEIB, LEONARDO
STREET ADDRESS 20421 N.E. 7TH CT.	CITY-ST-ZIP NORTH MIAMI FL	1.2 NAME	1.3 STREET ADDRESS 290 174th STREET APT#1509
TITLE D <input type="checkbox"/> DELETE	NAME ARIAS, JUAN	1.4 CITY-ST-ZIP MIAMI BEACH, FL 33160	2.1 TITLE PSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1201 S.W. 84TH CT.	CITY-ST-ZIP MIAMI FL	2.2 NAME JACQUES DUPONT	2.3 STREET ADDRESS 17141 COLLINS AVE
TITLE DVP <input type="checkbox"/> DELETE	NAME LAIB, MALKA	2.4 CITY-ST-ZIP NO MIAMI BEACH, FL 33160	3.1 TITLE VPTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 801-174ST APT 1510	CITY-ST-ZIP NORTH MIAMI BCH FL	3.2 NAME CARMEN TACORONTE	3.3 STREET ADDRESS 2353 SW 11th TERRACE
TITLE <input type="checkbox"/> DELETE	NAME	3.4 CITY-ST-ZIP MIAMI, FL 33135	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	4.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	4.4 CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	5.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	5.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	6.3 STREET ADDRESS
TITLE <input type="checkbox"/> DELETE	NAME	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 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 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, with all other like empowered.

SIGNATURE  SIGNATURE REQUIRED
 Date _____ Daytime Phone # _____

0032896

CR2E037 (1/1/98)