FILE NOW: FILING FEE IS $61.25

FILED
Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N02174 (3)

1. Corporation Name

THE TIKI BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O RICHARD GRABLE 6504 SURFSIDE BOULEVARD. SUITE 6 APOLLO BEACH FL 33572 US	C/O RICHARD GRABLE 6504 SURFSIDE BOULEVARD. SUITE 6 APOLLO BEACH FL 33572-3022 US

3. Date Incorporated or Qualified: 03/26/1984
3a. Date of Last Report: 07/17/1996

2. Principal Place of Business
21 TALBERT SERVICES
Suite, Apt. #, etc.: 22 Swite 200
City & State: 23 DULUTH, GA
Zip: 24 30136 Country: 25 GWINNETT

2a. Mailing Address
26 3820 SATELLITE BLVD
Suite, Apt. #, etc.: 27 Ste 200
City & State: 28 DULUTH, GA
Zip: 29 30136 Country: 30 GWINNETT

4. FEI Number: NOT APPLICABLE ☐ 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

9. Name and Address of Current Registered Agent

GRABLE, RICHARD J
6504 SURFSIDE BLVD #6
APOLLO BEACH FL 33572

10. Name and Address of New Registered Agent

81 Name: LARRY L TALBERT
82 Street Address (P.O. Box Number is Not Acceptable): 6504 SURFSIDE, Unit 1.
83
84 City: APOLLO BEACH FL 85 Zip Code: 33572

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	PD	☒ DELETE	1.1 TITLE	TREASURER-D	☒ Change ☐ Addition
NAME	KLINGHOFFER, MEL		1.2 NAME	LARRY L. TALBERT, II	
STREET ADDRESS	4604 CLARKSDALE LANE		1.3 STREET ADDRESS	3820 SATELLITE BLVD STE. 200	
CITY-ST-ZIP	BRANDON FL		1.4 CITY-ST-ZIP	DULUTH GA. 30136	
TITLE	VD	☐ DELETE	2.1 TITLE	VICE PRESIDENT-D	☒ Change ☐ Addition
NAME	BERTACCHI, LUIGI		2.2 NAME	BERTACCHI, LUIGI	
STREET ADDRESS	6504 SURFSIDE BLVD #4		2.3 STREET ADDRESS	6504 SURFSIDE #4	
CITY-ST-ZIP	APOLLO BEACH FL		2.4 CITY-ST-ZIP	APOLLO BEACH, FL	
TITLE	TD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GRABLE, RICHARD		3.2 NAME		
STREET ADDRESS	6504 SURFSIDE BOULEVARD, SUITE 6		3.3 STREET ADDRESS		
CITY-ST-ZIP	APOLLO BEACH FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE	PRESIDENT-D	☒ Change ☐ Addition
NAME	ALFONSO, CARLOS		4.2 NAME	ALFONSO, CARLOS	
STREET ADDRESS	6504 SURFSIDE BLVD #5		4.3 STREET ADDRESS	6504 SURFSIDE BLVD #5	
CITY-ST-ZIP	APOLLO BEACH FL		4.4 CITY-ST-ZIP	APOLLO BEACH FL	
TITLE		☐ DELETE	5.1 TITLE	SECRETARY-D	☒ Change ☐ Addition
NAME			5.2 NAME	Jim Beggins	
STREET ADDRESS			5.3 STREET ADDRESS	6504 SURFSIDE BLVD. #8	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	APOLLO BEACH FL. 33572	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	$61.25 BANK	3.6.97
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: _____ SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-96 Date

770-497-9400 Daytime Phone #

0046366