

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N14075 (8)

1. Corporation Name
SPINNAKER BAY AT THE WATERWAYS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O MIAMI MANAGEMENT P O BOX 801338 AVENTURA FL 33180-3701

3. Date Incorporated or Qualified **03/27/1986** 3a. Date of Last Report **04/05/1995**

2. Principal Place of Business 2a. Mailing Address
21 **c/o Miami Management** 26 **c/o Miami Management**

22 Suite, Apt., #, etc. **20803 Biscayne blvd. #203** 27 Suite, Apt., #, etc. **20803 Biscayne blvd. #203**

23 City & State **Aventura FL** 28 City & State **Aventura FL**

24 Zip **33180** 25 Country 29 Zip **33180** 30 Country

4. FEI Number **59-2466564** 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
**RIFKIN, ELIOT
ONE DATRAN CENTER
9100 S. DADELAND BLVD. STE 410
MIAMI FL 33156**

10. Name and Address of New Registered Agent
81 Name **Rifkin, Eliot**
82 Street Address (P.O. Box Number is Not Acceptable) **Dadeland Towers North**
83 **9200 S. Dadeland Blvd. ste. 700**
84 City **Miami** 85 Zip Code **FL 33156**

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	VDS	<input type="checkbox"/> DELETE
NAME	LIPKIND, IRENE	
STREET ADDRESS	21075 NE 34TH AVE. #301	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CAMPOS, MAYRA	
STREET ADDRESS	21075 NE 34TH AVE. #304	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BARKOWITZ, HAROLD	
STREET ADDRESS	21085 NE 34TH AVE. #106	
CITY-ST-ZIP	AVENTURA FL 33184	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96
Date

Daytime Phone #

CR2E037 (12/95)