

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90024 022 ****61.25

DOCUMENT # N14075 ✓
1. Entity Name
 Spinnaker Bay Condominium Association

Principal Place of Business Mailing Address (SAME)
 C/O MIAMI MANAGEMENT, INC.
 1380 NE MIAMI GARDENS DRIVE, # 241
 NORTH MIAMI, FLORIDA 33179

2. Principal Place of Business **3. Mailing Address**
MIAMI MANAGEMENT, INC. **1380 NE MIAMI GARDENS DR.**
 Suite, Apt. #, etc. 241 Suite, Apt. #, etc. 241
 City & State: **NORTH MIAMI, FLORIDA** City & State: **NORTH MIAMI, FLORIDA**
 Zip 33179 Country U.S.A. Zip 33179 Country U.S.A.

4. FEI Number 59-2466564 Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**
 Name: SKRLD, Inc.
 Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle, Suite 1102
 City: Coral Gables, FL Zip Code: 33134

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE: SKRLD, Inc. by Lisa A. Lerner *L. Lerner Sec* 5/22/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 **9. Election Campaign Financing Trust Fund Contribution.** **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <i>President</i>	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <i>MAYRA CAMPOS</i>		NAME:	
STREET ADDRESS: <i>21075 NE 34th Ave # 304</i>		STREET ADDRESS:	
CITY-ST-ZIP: <i>Aventura, Florida 33180</i>		CITY-ST-ZIP:	
TITLE: <i>Vice President</i>	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <i>PATRICK PARHAM</i>		NAME:	
STREET ADDRESS: <i>21085 NE 34th Ave # 102</i>		STREET ADDRESS:	
CITY-ST-ZIP: <i>Aventura, Florida 33180</i>		CITY-ST-ZIP:	
TITLE: <i>SECRETARY</i>	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <i>Erene Rovitray</i>		NAME:	
STREET ADDRESS: <i>21085 NE 34th Avenue # 101</i>		STREET ADDRESS:	
CITY-ST-ZIP: <i>Aventura, Florida 33180</i>		CITY-ST-ZIP:	
TITLE: <i>Treasurer</i>	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <i>Jamie Elbaum</i>		NAME:	
STREET ADDRESS: <i>21075 NE 34th Avenue # 105</i>		STREET ADDRESS:	
CITY-ST-ZIP: <i>Aventura, Florida 33180</i>		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		NAME:	
STREET ADDRESS:		STREET ADDRESS:	
CITY-ST-ZIP:		CITY-ST-ZIP:	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michelle Joyeux* 05/19/2000 305-952-5016
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)