

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

00000466

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

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 59-2466564 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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	President <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYRA CAMPOS	NAME	
STREET ADDRESS	21075 NE 34th Ave # 304	STREET ADDRESS	
CITY-ST-ZIP	Aventura, Florida 33180	CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patrick PALHAM	NAME	
STREET ADDRESS	21085 NE 34th Ave # 102	STREET ADDRESS	
CITY-ST-ZIP	Aventura, Florida 33180	CITY-ST-ZIP	
TITLE	SECRETARY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Erene RUITRAY	NAME	
STREET ADDRESS	21085 NE 34th Avenue # 101	STREET ADDRESS	
CITY-ST-ZIP	Aventura, Florida 33180	CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jamie ELBAUM	NAME	
STREET ADDRESS	21075 NE 34th Avenue # 105	STREET ADDRESS	
CITY-ST-ZIP	Aventura, Florida 33180	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)