

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90059 032 ****61.25

DOCUMENT # **N14075**
 1. Entity Name
SPINDAKER Bay Condominium AT THE WATERWAYS
NO NAME CHANGE FILED (TM)

Principal Place of Business Mailing Address
40 MIAMI MANAGEMENT INC. 40 MIAMI MANAGEMENT INC.
14275 SW 142 AVE 14275 SW 142 AVE
MIAMI FL 33186 MIAMI FL. 33186

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

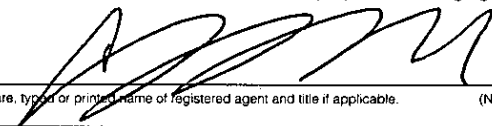
City & State City & State
 Zip Country Zip Country

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 **CARLOS A. TRIAY**
 Street Address (P.O. Box Number is Not Acceptable)
10570 NW 27 ST # 103
 City **Miami** FL Zip Code **33172**

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  DATE **4/11/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		
TITLE	PD	<input type="checkbox"/> Delete
NAME	PARHAM, PATRICK W	
STREET ADDRESS	21085 NE 34 AVE # 102	
CITY-ST-ZIP	N MIAMI BEACH FL. 33180	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KWITNEY, IRENE	
STREET ADDRESS	21085 NE 34 AVE # 101	
CITY-ST-ZIP	N MIAMI BEACH FL. 33180	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARKOWITZ, HAROLD	
STREET ADDRESS	21085 NE 34 AVE # 106	
CITY-ST-ZIP	N MIAMI BEACH FL. 33180	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ELBAUM, JAIME	
STREET ADDRESS	21075 NE 34 AVE # 105	
CITY-ST-ZIP	N MIAMI BEACH FL. 33180	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAMPOS, MAYRA M	
STREET ADDRESS	21075 NE 34 AVE # 304	
CITY-ST-ZIP	N MIAMI FL. 33180	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:  Pres. **4/5/01** **305-935-6779**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)