

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:25

DOCUMENT # N94000002846 (3)

1. Corporation Name

THE EXOTIC VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business C/O GLOBAL REALTY & MANAGEMENT, INC. 777 17TH ST., PENTHOUSE MIAMI BEACH FL 33139	Mailing Address C/O GLOBAL REALTY & MANAGEMENT, INC. 777 17TH ST., PENTHOUSE MIAMI BEACH FL 33139
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/03/1994	3a. Date of Last Report
4. FEI Number 650500410	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc
22 City & State	27 City & State
24 Zip	29 Zip
25 County	30 County

9. Name and Address of Current Registered Agent

**VALERO, DORON
777 1 7TH ST.
PENTHOUSE
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALERO, DORON	12 NAME	
STREET ADDRESS	777 1 TH ST.	13 STREET ADDRESS	
CITY, ST, ZIP	MIAMI BEACH FL 33139	14 CITY, ST, ZIP	
TITLE	D	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALEY, CAROLYN	22 NAME	
STREET ADDRESS	777 1 TH ST.	23 STREET ADDRESS	
CITY, ST, ZIP	MIAMI BEACH FL 33139	24 CITY, ST, ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCUS, ALAN J	32 NAME	
STREET ADDRESS	20803 BISCAYNE BLVD., SUITE 301	33 STREET ADDRESS	
CITY, ST, ZIP	N. MIAMI BEACH FL 33180	34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(B), 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 such officer or director, 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 of this report, or on an attachment, only as address.

SIGNATURE: *Doron Valero* DATE: **4/17/95**

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00


APPROVED

MAY 24 PM 3:10

STATE
TALLAHASSEE, FLORIDA

GD

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathman
Secretary of State
Division of Corporations

DOCUMENT # **N94000003063 (4)**
1. Corporation Name
FLORIDA OCEAN CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
21300 SAN SIMEON WAY **21300 SAN SIMEON WAY**
NORTH MIAMI FL 33179 **NORTH MIAMI FL 33179**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
06/21/1994

2. Principal Place of Business 2a. Mailing Address
21. **1986 N.E. 149th St** 26. **1986 N.E. 149 St.**
State, Apt # etc State, Apt # etc

4. FET Number Applied For
Applied For Not Applicable

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

22. City & State 27. City & State
23. **Miami, FL** 28. **Miami, FL**
County County

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

24. **33181** 25. 29. **33181** 30. 9. Name and Address of Current Registered Agent

8. This Corporation has liability for intangible tax under § 189, U.S. Florida Statutes Yes No

TRINKLER, REBECCA S
21300 SAN SIMEON WAY
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

B1 Name **Trinkler Rebecca**
B2 Street Address (P.O. Box Number is Not Acceptable) **1986 N.E. 149 St.**
B3
B4 City **Miami** B5 Zip Code **FL 33181**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Print or type name of registered agent and date of signature) (Print or type name of registered agent and date of signature) (Print or type name of registered agent and date of signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAPKIN, WARREN	12 NAME	Rapkin Warren
STREET ADDRESS	21300 SAN SIMEON WAY	13 STREET ADDRESS	1986 N.E. 149 St
CITY, ST, ZIP	NORTH MIAMI BEACH FL 33179	14 CITY, ST, ZIP	Miami, FL 33181
TITLE	DVS	21 TITLE	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOULANGER, LORRIS	22 NAME	Boulanger Lorris
STREET ADDRESS	21300 SAN SIMEON WAY	23 STREET ADDRESS	1986 N.E. 149 St.
CITY, ST, ZIP	NORTH MIAMI BEACH FL 33179	24 CITY, ST, ZIP	Miami, FL 33181
TITLE	DVT	31 TITLE	DVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARDIF, JEROME	32 NAME	Tardif Jerome
STREET ADDRESS	21300 SAN SIMEON WAY	33 STREET ADDRESS	1986 N.E. 149 St.
CITY, ST, ZIP	NORTH MIAMI BEACH FL 33179	34 CITY, ST, ZIP	Miami, FL 33181
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	600001547676
CITY, ST, ZIP		44 CITY, ST, ZIP	-07/27/95--01059--003
TITLE		51 TITLE	****163.75 ****163.75
NAME		52 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

REMITTED BY MAY 1 Change Addition

14. I 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)(b), 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. 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 as an attachment with an address.

SIGNATURE: *Lorris Boulanger / DVS*
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR DIRECTOR

4-28-95 305-940-0106
Date Telephone