

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 JUN -5 PM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N94000004844 (6)
1. Corporation Name
SOUTH MOON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
717 PONCE DE LEON BLVD. #880 325 CORAL GABLES FL 33134 US P.O. BOX 526565 MIAMI FL 33152 US

3. Date Incorporated or Qualified 09/30/1994
4. FEI Number 65-0527983 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
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
21 750 PENNSYLVANIA AVE. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 MIAMI BEACH, FLORIDA 28
24 33139 25 US 29 30 Country

9. Name and Address of Current Registered Agent
REGO, BERT
717 PONCE DE LEON BLVD.
#880 325
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GONZALEZ, EFRAIN	
STREET ADDRESS	4942 LEJEUNE RD	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	JOHNSON, ROLF D	
STREET ADDRESS	4942 LEJEUNE RD	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, ANA I	
STREET ADDRESS	4942 LEJEUNE RD	
CITY-ST-ZIP	CORAL GABLES FL 33146	
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	2000025531612-1
2.3 STREET ADDRESS	-06/09/98--01114--009
2.4 CITY-ST-ZIP	*****61.25 *****61.25
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 checked="" type="checkbox"/> Addition
4.2 NAME	Trustee
4.3 STREET ADDRESS	Bert Rego
4.4 CITY-ST-ZIP	717 Ponce de Leon #325 Coral Gables, FL 33134
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 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 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: [Handwritten signatures]

CR2E037 (10/97)