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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N96000004023**

1. Corporation Name
DEL RIO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
 1100 COLLINS AVENUE
 MIAMI BEACH FL 33139

Mailing Address
~~BEACHCAM~~
 910 COLLINS AVE
 MIAMI BCH FL 33139
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/01/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0712521
City & State	City & State	5. Certificate of Status Desired
23	28	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip	Zip	6. Election Campaign Financing
24	29	<input type="checkbox"/> \$5.00 May Be Added to Fees
Country	Country	Trust Fund Contribution
25	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ATTN: LIANA MARTINEZ BEACHCAM COMM. ASSN. MGMT. INC 910 COLLINS AVE #L MIAMI BCH FL 33139		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	33141
		83	
		84 City	

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]* DATE: 7/10/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VPD
NAME	CATALINA, JOSEPH	1.2 NAME	SHANE A. STAPLES
STREET ADDRESS	2200 NE 33RD AVE #14-K	1.3 STREET ADDRESS	1100 COLLINS AVE #307
CITY-ST-ZIP	FT LAUDERDALE FL 33305	1.4 CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	VPD	2.1 TITLE	STD
NAME	YEFFET, HAIM	2.2 NAME	SUZANNE HOLLAND
STREET ADDRESS	1100 COLLINS AVE	2.3 STREET ADDRESS	43 TUNXIS RD
CITY-ST-ZIP	MIAMI BCH FL 33139	2.4 CITY-ST-ZIP	WEST HARTFORD CT 06107
TITLE	STD	3.1 TITLE	PP
NAME	GAMEL, LORI	3.2 NAME	CATALINA JOSEPH
STREET ADDRESS	1100 COLLINS AVENUE	3.3 STREET ADDRESS	7601 E. TREASURE DR. APT PH 110
CITY-ST-ZIP	MIAMI BEACH FL 33139	3.4 CITY-ST-ZIP	N. BAY VILLAGE, FL 33141
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 7/10/99 DAYTIME PHONE #: (305) 861-7887

CR2E037 (1/198)