


FILE NOW: FILING FEE IS \$61.25

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90011 015 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N98000001559

1. Corporation Name
MUTINY ON THE BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2951 SOUTH BAYSHORE DRIVE COCONUT GROVE FL 33133	Mailing Address 2951 SOUTH BAYSHORE DRIVE COCONUT GROVE FL 33133
--	--



2. Principal Place of Business 21 Suite, Apt. #, etc... 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc... 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 03/17/1998	4. FEI Number 65-0826948	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		

9. Name and Address of Current Registered Agent SALAS, ENRIQUE 2951 SOUTH BAYSHORE DRIVE COCONUT GROVE FL 33133	10. Name and Address of New Registered Agent 81 Name Provident Management CORPORATION 82 Street Address (P.O. Box Number is Not Acceptable) 1700 McMullen - Boots Rd 83 Suite 0-5 84 City Clearwater FL 85 Zip Code 33759
--	--

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 *M. Sue Dobson* v.p. M. Sue Dobson DATE 4/29/99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAS, ENRIQUE	1.2 NAME	Russell Breiter
STREET ADDRESS	2951 SOUTH BAYSHORE DRIVE	1.3 STREET ADDRESS	2951 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP	COCONUT GROVE FL 33133	1.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, OMAR	2.2 NAME	ASSAAD MASSOUD
STREET ADDRESS	2951 SOUTH BAYSHORE DRIVE	2.3 STREET ADDRESS	2951 SOUTH BAYSHORE DRIVE
CITY-ST-ZIP	COCONUT GROVE FL 33133	2.4 CITY-ST-ZIP	COCONUT GROVE, FL 33133
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, CARLOS	3.2 NAME	
STREET ADDRESS	2951 SOUTH BAYSHORE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL 33133	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *M. Sue Dobson* **SIGNATURE REQUIRED** President DATE 4/26/99 DAYTIME PHONE 727-726-4770

Signature, typed or printed name of signing officer or director Date Daytime Phone #

0030018
CR2E037 (11/98)