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Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # 752027 (3)

1. Corporation Name

CARLTON BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
J & M MANAGEMENT 221 S.W .22ND AVE. STE. 219 MIAMI FL 33135	J & M MANAGEMENT 221 S.W .22ND AVE. STE. 219 MIAMI FL 33135-1544

3. Date Incorporated or Qualified: 04/15/1980
3a. Date of Last Report: 02/20/1996

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip / Country
24: / 25:

2a. Mailing Address
26: 275 Font Aiucbleau Blvd
Suite, Apt. #, etc.
27: 200
City & State
28: Miami Florida.
Zip / Country
29: 33172 / 30: Dade

4. FEI Number: 59-1998418 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HYMAN & KAPLAN, P.A.
44 W FLAGLER STREET
14 FLOOR
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 150 W Flagler Street (29 Floor)
83
84 City: Miami FL 85 Zip Code: 33130

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 _____ DATE
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	D	☐ DELETE	1.1 TITLE	D ☒ Change ☐ Addition
NAME	RANCE, LES		1.2 NAME	Rafael PichARDO
STREET ADDRESS	2821 N E 163RD ST APT 5		1.3 STREET ADDRESS	2821 NE 163 street #5D
CITY-ST-ZIP	NMB FL 33160		1.4 CITY-ST-ZIP	No. Miami Beach, FL 33160
TITLE	SD	☐ DELETE	2.1 TITLE	S ☒ Change ☐ Addition
NAME	GIFFORD, EVA		2.2 NAME	MARGARET DuBAS
STREET ADDRESS	2821 N E 163RD APT 2K		2.3 STREET ADDRESS	2821 NE 163 st. #2R
CITY-ST-ZIP	NMB FL 33160		2.4 CITY-ST-ZIP	No. Miami Beach, FL 33160
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LEVEQUE, GUS		3.2 NAME	
STREET ADDRESS	2821 NE 163 STREET 5-O		3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33160		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	T ☒ Change ☐ Addition
NAME	KANE, STAN		4.2 NAME	WAYNE MORRIS
STREET ADDRESS	2821 N.E. 163 ST.		4.3 STREET ADDRESS	2821 NE 163 street #2N
CITY-ST-ZIP	N. MIAMI BEACH FL 33160		4.4 CITY-ST-ZIP	No Miami Beach FL 33160
TITLE	D	☐ DELETE	5.1 TITLE	D ☒ Change ☐ Addition
NAME	MEYERS, DORIS		5.2 NAME	AVA GIFFORD
STREET ADDRESS	2821 NE 163 ST.		5.3 STREET ADDRESS	2821 NE 163 street #2K
CITY-ST-ZIP	N. MIAMI BEACH FL 33160		5.4 CITY-ST-ZIP	No Miami Beach FL 33160
TITLE		☐ DELETE	6.1 TITLE	VP ☐ Change ☒ Addition
NAME			6.2 NAME	James Joines
STREET ADDRESS			6.3 STREET ADDRESS	2821 NE 163 ct # 3J
CITY-ST-ZIP			6.4 CITY-ST-ZIP	No Miami Beach FL 33160

CR2E037 (9/96)

14. I do 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: SIGNATURE REQUIRED 1/22/97 Augusto Lovegas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0029119