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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 752027

1. Corporation Name

CARLTON BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

275 FONTAINEBLEAU BLVD
#200
MIAMI FL 33172
US

Mailing Address

275 FONTAINE BLEAU BLVD.
200
MIAMI FL 33172
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/15/1980

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

9. Name and Address of Current Registered Agent

FEIN, STEVEN A
930 SOUTH STATE RD 7
PLANTATION FL 33317

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 D ☐ DELETE
NAME PICHARDO, RAFAEL
STREET ADDRESS 2821 N.E. 163 STREET, #5D
CITY-ST-ZIP NMB FL

TITLE S ☐ DELETE
NAME DUBAS, MARGARET
STREET ADDRESS 2821 N.E. 163 STREET, #2R
CITY-ST-ZIP NMB FL

TITLE PD ☐ DELETE
NAME LEVEQUE, GUS
STREET ADDRESS 2821 NE 163 STREET 5-0
CITY-ST-ZIP N. MIAMI BEACH FL 33160

TITLE T ☐ DELETE
NAME FAMBRINI, DAVID
STREET ADDRESS 2821 N.E. 163 STREET, #4N
CITY-ST-ZIP N. MIAMI BEACH FL 33160

TITLE D ☐ DELETE
NAME GIFFORD, AVA
STREET ADDRESS 2821 N.E. 163 STREET, #2K
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE VP ☐ DELETE
NAME JOINES, JAMES
STREET ADDRESS 2821 N.E. 163 STREET, #3J
CITY-ST-ZIP N. MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)