

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **700915** (2)  
1. Corporation Name  
**HOLIDAY COLONY BEACH CLUB INC**



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified	
% STEVE SONNABEND 330 PACIFIC KEY BISCAYNE FL 33149		% STEVE SONNABEND 330 PACIFIC KEY BISCAYNE FL 33149		05/04/1960	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21		26		NOT APPLICABLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		Not Applicable	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	
24	25	29	30	Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				7. Is this nonprofit corporation a homeowners association?	
SONNABEND, STEVE 330 PACIFIC KEY BISCAYNE FL 33149				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
81 Name Alan Sonnabend				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
82 Street Address (P.O. Box Number is Not Acceptable)				3. 1. 98	
83 300 Atlantic Road					
84 City Key Biscayne				FL 85 Zip Code 33149	

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 \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOU, JOSE	1.2 NAME	
STREET ADDRESS	323 CARIBBEAN	1.3 STREET ADDRESS	SAME
CITY-ST-ZIP	KEY BISCAYNE FL 33149	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITHIES, MICHAEL	2.2 NAME	
STREET ADDRESS	365 GULF ROAD	2.3 STREET ADDRESS	SAME
CITY-ST-ZIP	KEY BISCAYNE FL 33149	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALINAN, DOROTHY	3.2 NAME	
STREET ADDRESS	260 ATLANTIC	3.3 STREET ADDRESS	SAME
CITY-ST-ZIP	KEY BISCAYNE FL 33149	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SONNABEND, STEVE	4.2 NAME	D
STREET ADDRESS	330 PACIFIC	4.3 STREET ADDRESS	Sonnabend, Alan
CITY-ST-ZIP	KEY BISCAYNE FL 33149	4.4 CITY-ST-ZIP	300 Atlantic Road
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Key Biscayne, FL 33149
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)(l), 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: \_\_\_\_\_ 3.1.98

CR2E037 (10/97)