FILE NOW: FILING FEE IS $61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999

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

DOCUMENT # 700915

1. Corporation Name

HOLIDAY COLONY BEACH CLUB INC

Principal Place of Business

% STEVE SONNABEND
330 PACIFIC
KEY BISCAYNE FL 33149

Mailing Address

% STEVE SONNABEND
330 PACIFIC
KEY BISCAYNE FL 33149

	2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualifed
21	300 Atlantic Rd	26	300 Atlantic Rd	05/04/1960

	Suite, Apt. #, etc.		Suite, Apt. #, etc.	4. FEI Number		Applied For
22		27		NOT-APPLICABLE		Not Applicable

	City & State		City & State	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
23	Key Biscayne, Fl	28	Key Biscayne, Fl		

	Zip	County		Zip	Country	6. Election Campaign Financing ☐ Trust Fund Contribution	$5.00 May Be Added to Fees
24	33149	25	29	33149	30		

9. Name and Address of Current Registered Agent

ALAN SONNABEND
300 ATLANTIC ROAD
KEY BISCAYNE FL 33149

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)_ DATE 1/28/99

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	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BOU, JOSE		1.2 NAME	
STREET ADDRESS	323 CARIBBEAN		1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITHIES, MICHAEL		2.2 NAME	
STREET ADDRESS	365 GULF ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MALINAN, DOROTHY		3.2 NAME	
STREET ADDRESS	260 ATLANTIC		3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		3.4. CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SONNABEND, ALAN		4.2 NAME	
STREET ADDRESS	300 ATLANTIC ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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: _SIGNATURE REQUIRED_   Date 1-28-99   Daytime Phone # 305-365-

CR2E037 (11/98)