NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). SECO NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthàm ANNUAL REPORT Secretary of State 97 SEP 29 PM 2:58 DIVISION OF CORPORATIONS 1997 SECRETARY OF STATE TALLAHASSEE, FLORIDA 737507 DOCUMENT # MOON BAY CONDOMINIUM, INC. Principal Place of Business Mailing Address 104350 OVERSEAS HWY 104350 OVERSEAS HWY KEY LARGO FL 33037 KEY LARGO FL 33037 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 12/09/1976 04/10/1996 2. Principal Place of Business 4. FEI Number Malling Address 28. Applied For 59-1797593 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country Zip This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. ☐ Yes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Becker & tol O. Box Number is Not Acceptable BECKER, POLIAKOFF & STREITFELD, P.A. 82 6161 BLUE LAGOON DR #250 63 **MIAMI FL 33126** 84 City 85 Zip Code Miam 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change **DELETE** 1.1 TITLE President Addition TITLE SHOULDICE, WILLIAM RODAMMER, EUGENE . NAME 1.2 NAME 104350 Overseas Highway - Unit A505 1850 NE 1181H RD. 1.3 STREET ADDRESS STREET ADDRESS N. MIAMI FL 33181 Key Largo, Fl. 33037 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change Addition 2.1 TITLE TITLE Ferrentino, Felicia 104350 OverseasHwy, Unit B-406 FERRENTINO, FELICIA NAME 2.2 NAME 104350 OVERSEAS HWY., UNIT B-406 2.3 STREET ADDRESS STREET ADDRESS KEY LARGO FL 33037 Key Largo, FL 33037 CITY-ST-ZIP 2. 4 City-ST-ZiP Addition DELETE TITLE 3.1 TITLE RAIMUNDEZ, JULIO RAIMUNDEZ, JULIO NAME 3.2 NAME 41 SW 132ND CT. AI SW 132nd CT. 3.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33184** Mami, FL : 33184 CITY-ST-ZIP 3.4. CITY - \$1 - ZIP DELETE 4.1 TITLE Change Addition TITLE **ECHENIQUE. LUIS** 4 2 NAME NAME 5900 SW 100TH ST. 4.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33156** 4.4 CITY-ST-ZIP CITY-ST-ZIP **DELETE** Change Addition TITLE 5.1 TITLE HATSIS, ALEXANDER 5.2 NAME NAME 2 LINCOLN AVE., STE 401 5.3 STREET ADDRESS STREET ADDRESS **ROCKVILL CENTRE NY 11570** 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Vice-President

6.4 CITY-ST-ZIP 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 program owered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, o) on an attachment with avaidances.

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

RODAMMER, UGENE

BRANCHVILLE NJ 07826

RT. 3, BOX 436

29/97 451-0186

ECHENIQUE, LUIS

MIAMI, FL. 33156

5900 SW 100TH STREET

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