

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **737507** (4)  
1. Corporation Name  
**MOON BAY CONDOMINIUM, INC.**

Principal Place of Business Mailing Address  
**104350 OVERSEAS HWY  
KEY LARGO FL 33037**



3. Date incorporated or Qualified  
**12/09/1976**  
4. FEI Number  
**59-1797593**  
Applied For  
Not Applicable

|                                                                                                     |                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b><br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BECKER, POLIAKOFF & STREITFELD, P.A.  
5201 BLUE LAGOON DRIVE, SUITE 100  
MIAMI FL 33128**

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

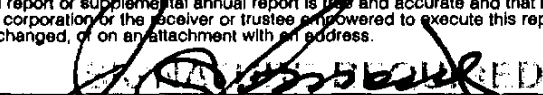
(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                                                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | P<br>RODAMMER, EUGENE<br>104350 OVERSEAS HIGHWAY, UNIT A505<br>KEY LARGO FL 33037   | 1.1 TITLE                                             | UPD<br>RODAMMER, EUGENE<br>RT. 3 BOX 436<br>BRANCHVILLE NJ 07826  |
| NAME                       |                                                                                     | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                                     | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                                                     | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | SD<br>FERRENTINO, FELICIA<br>104350 OVERSEAS HWY., UNIT B-408<br>KEY LARGO FL 33037 | 2.1 TITLE                                             | SD<br>DREAUER LAURA<br>3006 MAPLE GROVE<br>GEORGETOWN IN 47122    |
| NAME                       |                                                                                     | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                                     | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                                                     | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | TD<br>RAIMUNDEZ, JULIO<br>41 S.W. 132ND CT.<br>MIAMI FL 33184                       | 3.1 TITLE                                             | D<br>RAIMUNDEZ JULIO<br>41 SW 132 CT<br>MIAMI, FL 33184           |
| NAME                       |                                                                                     | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                                     | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                                                     | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D<br>ECHENIQUE, LUIS<br>5900 SW 100TH ST.<br>MIAMI FL 33158                         | 4.1 TITLE                                             | PD<br>KNAPP, PAUL<br>1930 NW 41 ST<br>OAKLAND PARK, FL 33309      |
| NAME                       |                                                                                     | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                                     | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                                                     | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | VP<br>ECHENIQUE, LUIS<br>5900 S.W. 100TH STREET<br>MIAMI FL 33158                   | 5.1 TITLE                                             | TD<br>SCHKLAR, NICHOLAS<br>10961 SW 106 AVENUE<br>MIAMI, FL 33176 |
| NAME                       |                                                                                     | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                                                                     | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                                                                     | 5.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | D<br>RODAMMER, UGENE<br>RT. 3, BOX 436<br>BRANCHVILLE NJ 07826                      | 6.1 TITLE                                             |                                                                   |
| 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.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-98 (305) 264-4250

CR2E037 (1097)