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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **737507**

1. Corporation Name

MOON BAY CONDOMINIUM, INC.

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 8299 CORAL WAY
Suite, Apt. #, etc.
27
City & State
28 MIAMI, FL
Zip 29 33155 Country 30 USA

3. Date Incorporated or Qualifed
12/09/1976

4. FEI Number
59-1797593
☐ Applied For
☐ Not Applicable

5. Certifcate 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

BECKER, POLIAKOFF & STREITFELD, P.A.
5201 BLUE LAGOON DRIVE, SUITE 100
MIAMI FL 33126

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 _____ DATE
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P RODAMMER, EUGENE 104350 OVERSEAS HIGHWAY, UNIT A505 KEY LARGO FL 33037	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT PAUL KNAPP P.O BOX 100618 FT. LAUDERDALE, FL 33310-0618	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DREAVER, LAURA 8006 MAPLE GROVE GEORGETOWN IN 47122	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE-PRESIDENT NICHOLAS B. SCHKLAIR 10961 SW 106 AVE MIAMI, FL 33176	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RAIMUNDEZ, JULIO 41 S.W. 132ND CT. MIAMI FL 33184	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TREASURER JULIO RAIMUNDEZ 41 SW 132 CT. MIAMI, FL 33184	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KNAPP, PAUL 1930 NW 41 ST OAKLAND PARK FL 33309	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	P&S STEPHEN E. ALBITZ 2396 OTAWA RIVER RD. TOLEDO OH 43611	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ECHENIQUE, LUIS 5900 S.W. 100TH STREET MIAMI FL 33156	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DIRECTOR LUIS ECHENIQUE 5900 S.W 100 ST. MIAMI, FL 33156	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD RODAMMER, EUGENE RT. 3, BOX 436 BRANCHVILLE NJ 07826	☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: X SIGNATURE REQUIRED JULIO RAIMUNDEZ 3-1-99 (305) 264-4250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)