

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 1995



STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 1995

APPROVED
 FILED

DOCUMENT # **745714** (6)
 BYRON BAY ASSOCIATION, INC.

STATE OF FLORIDA
 DEPARTMENT OF REVENUE
 TALLAHASSEE, FLORIDA

1. Name of Corporation	2a. Mailing Address	3. Date first incorporated in Florida	3a. Date of last report
8201 BYRON AVE MIAMI BCH FL 33141	8201 BYRON AVE MIAMI BCH FL 33141	01/25/1979	02/28/1994
2. State of Incorporation	2b. Mailing Address	4. FEIN Number	Adjusted For Not Applicable
FL	8201 BYRON AVE MIAMI BCH FL 33141	59-2285008	
21. State Agent	26. State Agent	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		<input type="checkbox"/>	
22. State Agent	27. State Agent	6. Certificate of Status Desired	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	
23. State Agent	28. State Agent	7. Agreement with IRS for a Tax Exempt Status	\$68.75 Supplemental Fee Not Required
		<input type="checkbox"/>	
24. State Agent	29. State Agent	8. Does corporation have liability for Florida taxes	
		<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	
MORIS, ALBERT N ESQUIRE BECKER & POLIAKOFF, P.A. 6161 BLUE LAGOON DR., STE. #250 MIAMI FL 33126		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. State	FL
		85. Zip Code	

11. I, the undersigned, being a duly qualified and sworn officer of the State of Florida, certify that the above information is true and correct to the best of my knowledge and belief, and that the corporation is duly organized and in good standing under the laws of the State of Florida.

SIGNATURE: _____ DATE: _____

12. OFFICER INFORMATION	13. OFFICER INFORMATION
SD JOSE, RAQUEL 8201 BYRON AVE., APT. 405 MIAMI BCH, FL 33141	PD JOSE, RAQUEL 8201 BYRON AVE. APT. 405. MIAMI BEACH, FL. 33141
TD SICRE, HORACIO 8201 BYRON AVE., APT. 501 MIAMI BCH, FL 33141	
VD LUSKY, OSCAR 8201 BYRON AVE., APT. 306 MIAMI BCH, FL 33141	
	VP FABIO BLAS HERNANDEZ 8201 BYRON AVE APT.409 MIAMI-BEACH, FL. 33141
	SD WASHINGTON SIQUEIRA 8201 BYRON AVE. APT.207 MIAMI-BEACH, FL. 33141

14. I, the undersigned, certify that the information required with this filing is true and correct, and that the corporation is duly organized and in good standing under the laws of the State of Florida.

SIGNATURE: Horacio Sicre DATE: 4/28/95
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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1995

DOCUMENT # **745798** (9)

GULFSANDS CONDOMINIUM ASSOCIATION, INC.

APR 20 1995

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

21	22	23	24	25	26	27	28	29	30	3	3a	4	5	6	7	8
	4200 Gulf Drive	Holmes Beach, FL	34217	U.S.A.		214-54th Street	Holmes Beach, FL	34217	U.S.A.	02/02/1979	02/23/1994	59-2062044	\$8.75 Additional Fee Required	\$5.00 May Be Added to Fees	\$68.75 Supplemental Fee Not Required	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent															
ANDERSON, JANICE A. 3801 17 AVENUE W. BRADENTON FL 34205				<table border="1"> <tr> <td>81</td> <td>Name</td> <td></td> </tr> <tr> <td>82</td> <td>State & Zip (FCC File Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83</td> <td></td> <td></td> </tr> <tr> <td>84</td> <td>City</td> <td>FL 85 Zip Code</td> </tr> </table>				81	Name		82	State & Zip (FCC File Number is Not Acceptable)		83			84	City	FL 85 Zip Code
81	Name																		
82	State & Zip (FCC File Number is Not Acceptable)																		
83																			
84	City	FL 85 Zip Code																	

11. This agent has previously been elected, appointed, or designated by the Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or business address 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 complete and correct filing of this Florida Statute.

12. OFFICER, DIRECTOR, SHAREHOLDER	13. ADDRESS	Change	Add
PD ANDERSON, LEONARD M. 3801 17 AVENUE W. BRADENTON FL		<input type="checkbox"/>	<input type="checkbox"/>
VP MCCONNELL, DUANE 2605 JONILA AVE. LAKELAND FL		<input type="checkbox"/>	<input type="checkbox"/>
ST ANDERSON, JANICE 3801 17TH AVE., W. BRADENTON FL		<input type="checkbox"/>	<input type="checkbox"/>
D HART, BARBARA 415 EUNICE DR LAKELAND FL		<input type="checkbox"/>	<input type="checkbox"/>
D HUDSON, CAROLE 3251 CROMWELL DR. OREGON OH	D Carole Hudson 5306 - 14th Ave. W. Bradenton, FL 34209	<input checked="" type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the officers listed appeared with this filing, authorized and consented to the appointment of the above named corporation as their registered agent in the State of Florida and that they understand their responsibility for the maintenance of the registered office and business address.

SIGNATURE: *X Janice A. Anderson*

4-28-95 813 747-9341

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ANNUAL REPORT
1995



DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

APPROVED
FILED

SEP 11 1995

TALLAHASSEE, FLORIDA

DOCUMENT # **745805** (2)

SOUTH POINTE VILLAS CONDOMINIUM, PHASE I, ASSOCIATION, INC.

Principal Place of Business MICHAEL FLEMING & ASSOC 12734-32 KENWOOD LANE FT MYERS FL 33907 US		Mailing Address MICHAEL FLEMING & ASSOC 12734-32 KENWOOD LANE FT MYERS FL 33907 US		3. Date of Incorporation 02/02/1979	3a. Date of Last Report 05/01/1994
2. Federal Number of Business 21	2a. Mailing Address 26	5. Available for Public Inspection 59-1971831	Applied Fee Not Applicable		
22. State Apt # etc	27. State Apt # etc	6. Has the Corporation Located in Florida for Last Year? <input type="checkbox"/>	\$8.75 Additional Fee Required		
23. City & State	28. City & State	7. Nonprofit with 100% with a 1% Tax Exempt Status <input type="checkbox"/>	\$5.00 May Be Added to Fees		
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has authority for intangible tax under S. 199.01? Florida Statute <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MICHAEL FLEMING & ASSOCIATES 12734 KENWOOD LANE, #30 FT. MYERS FL 33907				10. Name and Address of New Registered Agent			
				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)	12734 Kenwood Lane		
				83.	Suite 32		
				84. City	FL	85. Zip Code	

11. Pursuant to the provisions of Sections 602.001, 602.002 and 602.003, 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 a change was authorized by the corporation's board of directors, majority accepted the appointment as registered agent, and adopted the obligations of the corporation under Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS				13. MEMBERS ONLY (SEE INSTRUCTIONS)			
OFFICE	DT	BENEDETTO, JO ANN 6300 S POINTE BLVD 115 FT. MYERS FL		OFFICE	DV	Reynolds, Jack 6300 South Pointe Blvd 123 Fort Myers, FL 33919	
NAME	D	MURPHY, SALLY 6300 S POINTE BLVD #132 FT MYERS FL		NAME			
STREET ADDRESS	DV	FOX-MILICAN, MILDRED 6300 S POINTE BLVD 130 FT MYERS FL		STREET ADDRESS			
CITY / ZIP	PD	CALDWELL, CLAYTON 6300 S POINTE BLVD 141 FT. MYERS FL		CITY / ZIP			
OFFICE	SD	BAILEY, MIRIAM 6300 S POINTE BLVD 105 FT. MYERS FL		OFFICE			
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY / ZIP				CITY / ZIP			

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not equal to the requirements stated in Sections 199.01, 199.02, Florida Statutes. I further certify that the information made filed is the annual report or supplemental annual report of this and no other 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 manager or trustee empowered to execute the report or reports by filing the report of Florida Statutes and that my name appears on Block 1 of Block 1 of the changed corporation with an address.

SIGNATURE: *Clayton Caldwell* Clayton Caldwell
 OFFICIAL AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 4-2845 489-1235

