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FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 751048 (0)

1. Corporation Name
SOUTH BAY CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
800 WEST AVE. MGMT OFFICE MIAMI BCH. FL 33139 US	800 WEST AVE. MGMT OFFICE MIAMI BCH. FL 33139-5542 US

3. Date Incorporated or Qualified: 02/12/1980
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2064543 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

USHER, BRYN
2999 NE 191 AT-PH6
ADVENTURA FL 33180

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	D/D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	WEINGARTEN, JAMES		1.2 NAME	LYSA FRIEDLIEB	
STREET ADDRESS	800 WEST AVE., #446		1.3 STREET ADDRESS	800 WEST AVE. # 928	
CITY-ST-ZIP	MIAMI BCH. FL 33139		1.4 CITY-ST-ZIP	MIAMI BEACH, FL. 33139	
TITLE	V/D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BUCKLES, CHARLES		2.2 NAME		
STREET ADDRESS	800 WEST AVE., #201		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MURPHY, STEVEN		3.2 NAME		
STREET ADDRESS	800 WEST AVENUE, #346		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		3.4 CITY-ST-ZIP		
TITLE	D/S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LYNCH, NORRY		4.2 NAME		
STREET ADDRESS	800 WEST AVE., #1029		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		4.4 CITY-ST-ZIP		
TITLE	P/D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	IGOE, ALISON		5.2 NAME		
STREET ADDRESS	800 W AVE, 634		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL		5.4 CITY-ST-ZIP		
TITLE	S/D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PETROLE, LOUIS		6.2 NAME		
STREET ADDRESS	800 W. AVE, 729		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL		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 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: Alison Marie Igoe 1/5/97 305-672-3548

CR2E037 (9/96)