

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # 751048 1. Corporation Name

SOUTH BAY CLUB CONDON	IINIUM 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 US	
Principal Place of Business The Principal Place of Business	2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED Feb 24, 1999 8:00 am § Secretary of State

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2. Principal Pla	Principal Place of Business 2a. Mailing Address 26				Date Incorporated or Qualifed 02/12/1980				
Suite, Apt. #	etc.	Suite, Apt.	#, etc.				FEI Number		Applied For
22		27					59-2064543		Not Applicable
City & State		City & State	9			5.	Certificate of Status Desired	· ·	.75 Additional ee Required
Zip 24	Country 25	Zip	Countr 30	ry		6.	Election Campaign Financing Trust Fund Contribution	•	5.00 May Be dded to Fees
1.	9. Name and Address of Cu					10.	Name and Address of New Registered	Agent	
			8	1	Name				-
EBER, ROBERT C ESQ. 10761 S.W. 104 STREET		8	2 Street Address (P.O. Box Number is Not Acceptable)						
MIAMI FL 33176			8	3				_	
			8	4	City		F	85	Zip Code
. 11. Pursuant to	the provisions of Sections 617	.0502 and 617.1508, Flo	rida Statutes, the abo	L_ VE-	-named corpora	ation	n submits this statement for the purpose of	f changi	ing its registered 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. (NC	TE: Registered Agent signature	required when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE	D X DELETE	1.1 TITLE	☐ Change	Addition
NAME	WEINGARTEN, JAMES	1.2 NAME	BOOWEST AVE, # 844	
STREET ADDRESS	800 WEST AVE., #446	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH. FL	1.4 CITY-ST-ZIP	MIAMI BEACH, FC 33139	
TITLE	V DELETE	2.1 TITLE	S □ Change	Addition
NAME	BUCKLES, CHARLES	2.2 NAME	JILL MC WILLIAMS	. *
STREET ADDRESS	800 WEST AVE., #201	2.3 STREET ADDRESS	1 AUD WEST HOE 273	
CITY-ST-ZIP	MIAMI BEACH FL	2. 4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	T DELETE	3.1 TITLE	□ Change	Addition
NAME	LYSE FREIDLEIG	3.2 NAME	EUGENE WHITLOCK BY	
STREET ADDRESS	800 WEST AVE. #928	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL	3.4. CITY-ST-ZIP	MIAMI BEACH, FL 33139	· .
TITLE	P DELETE	4.1 TITLE	□ Change	Addition
NAME	LYNCH, NORRY	4. 2 NAME	PATRICIA MO ISAAC	
STREET ADDRESS	800 WEST AVE., #1029	4.3 STREET ADDRESS	800 WEST AVE \$ 246	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D X DELETE	5.1 TITLE	D Change CORREA	Addition
NAME	CHIANESE, MICHAEL	5.2 NAME	800 WEST AVENUE, # 341	
STREET ADDRESS	800 W AVE. PH 35	5.3 STREET ADDRESS	SOUND POOL EL 33139	
CITY-ST-ZIP	MIAMI BCH. FL 33139	5.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VP □ 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		

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.