2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 APR 23 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 751048

1. Entity 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 US

04142008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SKRLD, INC 201 ALHAMBRA CIRCLE STE 1102 MIAMI, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

600128778946
05/07/08--01042--018 **61.25

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is $61.25

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP FRASER, AILEEN 800 WEST AVENUE #723 MIAMI BEACH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP UPSHON, AILEEN J. 800 WEST AVE # 723 MIAMI BEACH FL 33139	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TANGEMAN, MICHAEL 800 W AVE A807 MIAMI BEACH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TANGEMAN MICHAEL 800 WEST AVE # 809 MIAMI BEACH, FL 33139	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSENBERG, DANIEL 800 WEST AVENUE MIAMI BEACH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSENBERG DANIEL 800 WEST AVE # 910 MIAMI BEACH, FL 33139	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PUNS, BELKIS 800 WEST AVENUE #525 MIAMI BEACH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PUNS BELKIS 800 WEST AVE #523 MIAMI BEACH FL 33139	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LAFFORQUE, PABLO 800 WEST AVENUE #516 MIAMI BEACH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LAFFORGUE PABLO 800 WEST AVE. #516 MIAMI BEACH, FL 33139	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARRERU, MARTIN 800 W AVE A4016 MIAMI BEACH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARRERO MARTIN 800 WEST AVE. PH16 MIAMI BEACH FL 33139	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Pablo Lafforgue P. PABLO LAFFORGUE 04/17/08 305-672-3548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KS