

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 751237 (9)**  
1. Corporation Name  
**THE HOTELLA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>9601 EAST BAY HARBOR DRIVE BAY HARBOR ISLANDS FL 33154</b>	Mailing Address <b>9601 EAST BAY HARBOR DRIVE BAY HARBOR ISLANDS FL 33154-2103</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/26/1980</b>		3a. Date of Last Report <b>04/19/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2089407</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD 1600 MIAMI CENTER MIAMI FL 33131</b>				10. Name and Address of New Registered Agent			
				81 Name <b>Hugh McNew</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>3361 NE 170 Street</b>			
				83			
				84 City <b>North Miami Beach</b>			
				85 Zip Code <b>FL 33160</b>			

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 Hugh D. McNew 1/8/97  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANKLER, ALEXANDER			1.2 NAME	David W. Rees		
STREET ADDRESS	9601 E BAY HARBOR DR			1.3 STREET ADDRESS	10250 Collins Ave. PH2		
CITY-ST-ZIP	BAY HB ISLAND, FL 00000			1.4 CITY-ST-ZIP	Bal Harbour, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	TD		
NAME	MACHETTE, ROBERTA			2.2 NAME	Ilvento, Charles		
STREET ADDRESS	9601 E. BAY HARBOR DR.			2.3 STREET ADDRESS	10205 Collins Ave. #1206		
CITY-ST-ZIP	BAY HB ISLAND, FL 00000			2.4 CITY-ST-ZIP	Bal harbour, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD		
NAME	LANKLER, RALPH C.			3.2 NAME	Smith, Robenia		
STREET ADDRESS	9601 E BAY HARBOR DR			3.3 STREET ADDRESS	290 Bal Bay Drive #201		
CITY-ST-ZIP	BAY HB ISLAND FL 33154			3.4 CITY-ST-ZIP	Bal Harbour, FL 33154	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

CR2E037 (9/96)