FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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AND
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95 JUN 20 PM 2:25

[illegible] STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

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-06/21/95--01038--021
DO NOT WRITE IN THIS SPACE ****155.00 ****155.00

DOCUMENT # 752027

1 Corporation Name
Carlton Bay Condominium Association , Inc.
J & M Condo Management
221 S.W. 22nd Ave. #219
Miami, FL 33135

Principal Place of Business
2821 N.E.163rd st.
Miami Beach Fla.

Mailing Address
J & M Condo Management
221 S.W. 22nd Ave. #219
Miami, FL 33135

3. Date Incorporated or Qualified: 04/15/1980
3a. Date of Last Report: 04/25/94
4. FEI Number: 59-1998418 ☐ Applied For ☐ Not Applicable

21 Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 County

26 2a. Mailing Address: 221 S.W. 22nd Ave
27 Suite, Apt. #, etc.: 219
28 City & State: Miami Fla.
29 Zip: 33135
30 County: Dade

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. The corporation has applied for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

Tropical Property Management Ste 300
8910 Miramar Parkway Suite 300
Miramar Fla. 33025

10. Name and Address of New Registered Agent

81 Name: N/a
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 617.1809, 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 607.0505, 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/	11 TITLE	☐ Change ☐ Addition
NAME	Rance Les	12 NAME	
STREET ADDRESS	2821 N.E. 163rd. St. # 5-I	13 STREET ADDRESS	
CITY-ST-ZIP	North. Miami Beach Fl. 33160	14 CITY-ST-ZIP	
TITLE	S/D	21 TITLE	☐ Change ☐ Addition
NAME	Gifford Eva	22 NAME	
STREET ADDRESS	2821 N. E. 163rd. St. # 2-K	23 STREET ADDRESS	
CITY-ST-ZIP	North Miam Beach Fla. 33160	24 CITY-ST-ZIP	
TITLE	P/D	31 TITLE	☐ Change ☐ Addition
NAME	Leveque Gus	32 NAME	
STREET ADDRESS	2821 N.E. 163rd. St # 5-O	33 STREET ADDRESS	
CITY-ST-ZIP	North Miami Beach Fla.33160	34 CITY-ST-ZIP	
TITLE	T/D	41 TITLE	☐ Change ☐ Addition
NAME	Kane Stan	42 NAME	
STREET ADDRESS	2821 N.E.163rd. St No/ G/L	43 STREET ADDRESS	
CITY-ST-ZIP	North Miami Beach Fla. 33160	44 CITY-ST-ZIP	
TITLE	D/	51 TITLE	☐ Change ☐ Addition
NAME	Meyers Doris	52 NAME	
STREET ADDRESS	2821 N. E. 163rd. St.# 5-R	53 STREET ADDRESS	
CITY-ST-ZIP	North Miami Beach Fla. 33160	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] 6/9/95 305-643-5711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #