

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **752027** (3)

1. Corporation Name

CARLTON BAY CONDOMINIUM ASSOCIATION, INC.

621



Principal Place of Business

Mailing Address

J & M MANAGEMENT
221 S.W. 22ND AVE. STE. 219
MIAMI FL 33135

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221 S.W. 22ND AVE. STE. 219
MIAMI FL 33135

3. Date Incorporated or Qualified
04/15/1980

3a. Date of Last Report
06/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1998418

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TROPICAL PROPERTY MANAGEMENT
8910 MIRAMAR PARKWAY
SUITE 300
MIRAMAR FL 33025

81 Name

Hyman & Kaplan, P.A.

82 Street Address (P.O. Box Number is Not Acceptable)

44 W. Flagler Street (14th Floor)

83

84 City

Miami

FL

85 Zip Code

33130

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

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 ☐ DELETE

NAME **D RANCE, LES**
STREET ADDRESS **2821 N E 163RD ST APT 5**
CITY-ST-ZIP **NMB FL 33160**

TITLE ☐ DELETE

NAME **SD GIFFORD, EVA**
STREET ADDRESS **2821 N E 163RD APT 2K**
CITY-ST-ZIP **NMB FL 33160**

TITLE ☐ DELETE

NAME **PD LEVEQUE, GUS**
STREET ADDRESS **2821 NE 163 STREET 5-O**
CITY-ST-ZIP **N. MIAMI BEACH FL 33160**

TITLE ☐ DELETE

NAME **TD KANE, STAN**
STREET ADDRESS **2821 N.E. 163 ST.**
CITY-ST-ZIP **N. MIAMI BEACH FL 33160**

TITLE ☐ DELETE

NAME **D MEYERS, DORIS**
STREET ADDRESS **2821 NE 163 ST.**
CITY-ST-ZIP **N. MIAMI BEACH FL 33160**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

P

☐ Change ☐ Addition

1.2 NAME

Leveque, Gus

1.3 STREET ADDRESS

2821 N.E. 163rd St. #50

1.4 CITY-ST-ZIP

No. Miami Beach, FL. 33160

☐ Change ☐ Addition

2.1 TITLE

VP

2.2 NAME

Joines, James S.

2.3 STREET ADDRESS

2821 N.E. 163rd St. #3J

2.4 CITY-ST-ZIP

No. Miami Beach, FL. 33160

☐ Change ☐ Addition

3.1 TITLE

T

3.2 NAME

D'Aquino, Eneas

3.3 STREET ADDRESS

2821 N.E. 163rd St. #6Q

3.4 CITY-ST-ZIP

No. Miami Beach, FL. 33160

☐ Change ☐ Addition

4.1 TITLE

S

4.2 NAME

Dubas, Peggy

4.3 STREET ADDRESS

2821 N.E. 163rd St. #2R

4.4 CITY-ST-ZIP

No. Miami Beach, FL. 33160

☐ Change ☐ Addition

5.1 TITLE

D

5.2 NAME

Gifford, Ava

5.3 STREET ADDRESS

2821 N.E. 163rd St. #2K

5.4 CITY-ST-ZIP

No. Miami Beach, FL. 33160

☐ Change ☐ Addition

6.1 TITLE

D

6.2 NAME

Morris, Wayne

6.3 STREET ADDRESS

2821 N.E. 163rd St. #2N

6.4 CITY-ST-ZIP

No. Miami Beach, FL. 33160

☐ Change ☐ Addition

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)