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FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 752027 (3)

1. Corporation Name

CARLTON BAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

J & M MANAGEMENT
221 S.W. 22ND AVE. STE. 219
MIAMI FL 33135J & M MANAGEMENT
221 S.W. 22ND AVE. STE. 219
MIAMI FL 33135-15443. Date Incorporated or Qualified
04/15/19803a. Date of Last Report
02/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 275 Fontainebleau Blvd
Suite, Apt. #, etc.

22 City & State

27 200

23 Zip

Country

28 Miami Florida

24

25

29 33135

30 Dade

4. FEI Number

59-1998418

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

HYMAN & KAPLAN, P.A.
44 W FLAGLER STREET
14 FLOOR
MIAMI FL 33130

81 Name

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

130 W FLAGLER STREET (29 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

TITLE D ☐ DELETE
NAME RANCE, LES
STREET ADDRESS 2821 N E 163RD ST APT 5
CITY-ST-ZIP NMB FL 33160TITLE SD ☐ DELETE
NAME GIFFORD, EVA
STREET ADDRESS 2821 N E 163RD APT 2K
CITY-ST-ZIP NMB FL 33160TITLE PD ☐ DELETE
NAME LEVEQUE, GUS
STREET ADDRESS 2821 NE 163 STREET 5-0
CITY-ST-ZIP N. MIAMI BEACH FL 33160TITLE TD ☐ DELETE
NAME KANE, STAN
STREET ADDRESS 2821 N.E. 163 ST.
CITY-ST-ZIP N. MIAMI BEACH FL 33160TITLE D ☐ DELETE
NAME MEYERS, DORIS
STREET ADDRESS 2821 NE 163 ST.
CITY-ST-ZIP N. MIAMI BEACH FL 33160TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Rafael Pichardo
1.3 STREET ADDRESS 2821 NE 163 STREET #5D
1.4 CITY-ST-ZIP No. Miami Beach, FL 331602.1 TITLE ☒ Change ☐ Addition
2.2 NAME MARGARET DUBAS
2.3 STREET ADDRESS 2821 NE 163 ST. #2R
2.4 CITY-ST-ZIP No. Miami Beach, FL 331603.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☒ Change ☐ Addition
4.2 NAME WAYNE MORRIS
4.3 STREET ADDRESS 2821 NE 163 STREET #2N
4.4 CITY-ST-ZIP No Miami Beach FL 331605.1 TITLE ☒ Change ☐ Addition
5.2 NAME AUA GIFFORD
5.3 STREET ADDRESS 2821 NE 163 STREET #2K
5.4 CITY-ST-ZIP No Miami Beach FL 331606.1 TITLE ☐ Change ☒ Addition
6.2 NAME VP James Joines
6.3 STREET ADDRESS 2821 NE 163 ST #3J
6.4 CITY-ST-ZIP No Miami Beach FL 33160

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0029119

CR2E037 (9/96)