


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 33135

275 FONTAINE BLEAU BLVD.  
200  
MIAMI FL 33172  
US

2. Principal Place of Business

2a. Mailing Address

21 **275 Fontainebleau Blvd**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **# 200**

27

City & State

City & State

23 **Miami, FL**

28

Zip

Country

Zip

Country

24 **33172**

25 **US**

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**04/15/1980**

4. FEI Number

**59-1998418**

Applied For

Not Applicable

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

HYMAN & KAPLAN, P.A.  
150 W. FLAGLER STREET  
27 FLOOR  
MIAMI FL 33130

81 Name

**Steven A. Fein**

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

**930 South State St. 7**

83

84 City

**Plantation**

FL

85 Zip Code

**33317**

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

*Steven A. Fein*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**1/21/98**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PICHARDO, RAFAEL</b>	
STREET ADDRESS	<b>2821 N.E. 163 STREET, #5D</b>	
CITY-ST-ZIP	<b>NMB FL</b>	

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>DUBAS, MARGARET</b>	
STREET ADDRESS	<b>2821 N.E. 163 STREET, #2R</b>	
CITY-ST-ZIP	<b>NMB FL</b>	

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVEQUE, GUS</b>	
STREET ADDRESS	<b>2821 NE 163 STREET 5-0</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33160</b>	

TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MORRIS, WAYNE</b>	
STREET ADDRESS	<b>2821 N.E. 163 STREET, #2N</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GIFFORD, AVA</b>	
STREET ADDRESS	<b>2821 N.E. 163 STREET, #2K</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	

TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>JOINES, JAMES</b>	
STREET ADDRESS	<b>2821 N.E. 163 STREET, #3J</b>	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>David Fambirini</b>
4.3 STREET ADDRESS	<b>2821 N.E. 163 Street #40</b>
4.4 CITY-ST-ZIP	<b>No. Miami Beach, FL 33160</b>

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 in an attachment with an address.

SIGNATURE: *Steven A. Fein*

**1/21/98**  
DATE

CR2E037 (10/97)