

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90003 040 ****61.25

DOCUMENT # 763583

1. Corporation Name

DESERT INN CLUB I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

INC.
17141 COLLINS AVE.
NORTH MIAMI BEACH FL 33160-3617

INC.
17141 COLLINS AVE.
NORTH MIAMI BEACH FL 33160-3617



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/03/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2473446

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

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

290 174TH STREET

83

APT#1509

84 City

MIAMI BEACH

FL

85 Zip Code
33160

LEIB, LEONARDO
20421 N.E. 7TH COURT
N. MIAMI FL 33160

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 **LEIB, LEONARDO**
STREET ADDRESS **20421 N.E. 7TH CT.**
CITY-ST-ZIP **NORTH MIAMI FL**

1.1 TITLE ☐ Change ☐ Addition

NAME **LEIB, LEONARDO**
1.2 NAME
1.3 STREET ADDRESS **290 174th STREET APT#1509**
1.4 CITY-ST-ZIP **MIAMI BEACH, FL 33160**

TITLE ☐ DELETE

NAME **ARIAS, JUAN**
STREET ADDRESS **1201 S.W. 84TH CT.**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☒ Change ☐ Addition

NAME **PSD**
2.2 NAME **JACQUES DUPONT**
2.3 STREET ADDRESS **17141 COLLINS AVE**
2.4 CITY-ST-ZIP **NO MIAMI BEACH, FL 33160**

TITLE ☐ DELETE

NAME **LAIB, MALKA**
STREET ADDRESS **901 174ST APT 1510**
CITY-ST-ZIP **NORTH MIAMI BCH FL**

3.1 TITLE ☒ Change ☐ Addition

NAME **VPTD**
3.2 NAME **CARMEN TACORONTE**
3.3 STREET ADDRESS **2353 SW 11th TERRACE**
3.4 CITY-ST-ZIP **MIAMI, FL 33135**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)