

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 APR 26 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N06466** (9)

1. Corporation Name

SAHARA BEACH CLUB MOTEL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~1835 COLLINS AVE. MIAMI BEACH FL 33140~~ **SAHARA BEACH** ~~1835 COLLINS AVE. MIAMI BEACH FL 33140~~

90 TROPICAL PROPERTY MANAGEMENT
8910 MIRAMAR PARKWAY SUITE 300
MIRAMAR, FL 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/04/1984** 3a. Date of Last Report **02/23/1994**

2. Principal Place of Business

2a. Mailing Address **MIRAMAR, FL 33025**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. Federal Tax Identification Number **305-2499105**
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

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

WELT, WARREN
3005 GREENE ST
HOLLYWOOD FL 33020

TROPICAL PROPERTY MANAGEMENT
8910 MIRAMAR PARKWAY SUITE 300
MIRAMAR, FL 33025

81 Name

82 Street Address **TROPICAL PROPERTY MANAGEMENT**
8910 MIRAMAR PARKWAY SUITE 300

83 **MIRAMAR, FL 33025**

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Sharon C.*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE **4/28/95**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~P~~
NAME ~~WELT, WARREN~~
STREET ADDRESS ~~3005 GREENE ST~~
CITY - ST - ZIP ~~HOLLYWOOD FL~~

1.1 TITLE Change Addition
1.2 NAME **PD Dumoyich, Roberta**
1.3 STREET ADDRESS **18335 COLLINS AVE. #157**
1.4 CITY - ST - ZIP **MIAMI Bch, FL.**

TITLE ~~T~~
NAME ~~FALZARANO, TRUDY~~
STREET ADDRESS ~~550 LYONS DR~~
CITY - ST - ZIP ~~BUFFALO GROVE IL~~

2.1 TITLE Change Addition
2.2 NAME **D Doval, Vivian**
2.3 STREET ADDRESS **18335 COLLINS AVE. #134**
2.4 CITY - ST - ZIP **MIAMI Bch, FL.**

TITLE **D**
NAME **TINELLI, ROBERT**
STREET ADDRESS **236 ROBINSON AVE.**
CITY - ST - ZIP **NEW YORK NY**

3.1 TITLE Change Addition
3.2 NAME **D Fernandez, Lourdes**
3.3 STREET ADDRESS **18335 COLLINS AVE. #235**
3.4 CITY - ST - ZIP **MIAMI Bch, FL.**

TITLE ~~VP~~
NAME ~~TOPPING, DIANNE~~
STREET ADDRESS ~~18335 COLLINS AVE~~
CITY - ST - ZIP ~~MIAMI BEACH FL~~

4.1 TITLE Change Addition
4.2 NAME **D Torres, Higinio**
4.3 STREET ADDRESS **18335 COLLINS AVE. #229**
4.4 CITY - ST - ZIP **MIAMI Bch, FL.**

TITLE ~~D~~
NAME ~~SOBRINO, JAVIER~~
STREET ADDRESS ~~1155 SE 7TH AVE~~
CITY - ST - ZIP ~~DANIA FL~~

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
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 do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information in 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, director, or shareholder of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 of this form and on an attachment with an address.

SIGNATURE: *Lourdes B. Fernandez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/95 (305) 599-8295
Date City/Phone #