

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 22 1996 8:00 am
Secretary of State

DOCUMENT # N06466 (9)

1. Corporation Name
SAHARA BEACH CLUB MOTEL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
**C/O TROPICAL PROPERTY MANAGEMENT
8910 MIRAMAR PARKWAY, SUITE 300
MIRAMAR FL 33025
US**

3. Date Incorporated or Qualified **12/04/1984** 3a. Date of Last Report **04/26/1995**
4. FEI Number **59-2499105** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUMOVICH, ROBERTA	
STREET ADDRESS	18335 COLLINS AVE. #157	
CITY-STATE-ZIP	MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOVAL, VIVIAN	
STREET ADDRESS	18335 COLLINS AVE #134	
CITY-STATE-ZIP	MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, LOURDES	
STREET ADDRESS	18335 COLLINS AVE #135	
CITY-STATE-ZIP	MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TARRES, HIGINO	
STREET ADDRESS	18335 COLLINS AVE. #229	
CITY-STATE-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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

3/15/96 (305) 931-8335
Date Daytime Phone #

CR2E037 (12/95)