

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR -5 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14075 (8)

1. Corporation Name

SPINNAKER BAY AT THE WATERWAYS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**C/O MIAMI MANAGEMENT
P O BOX 801338
AVENTURA FL 33180-3701**

**C/O MIAMI MANAGEMENT
P O BOX 801338
AVENTURA FL 33180-3701**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/27/1986

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2466564

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐ \$9.75 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

**RIFKIN, ELIOT
ONE DATRAN CENTER
9100 S. DADELAND BLVD. STE 410
MIAMI FL 33156**

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 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

Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD
NAME	BARKOWITZ, HAROLD
STREET ADDRESS	21085 NE 34TH AVE., #108
CITY - ST - ZIP	AVENTURA FL
TITLE	PD
NAME	BRUZZONI, NURY
STREET ADDRESS	21085 NE 34TH AVE., #303
CITY - ST - ZIP	AVENTURA FL
TITLE	VD
NAME	CAMPOS, MAYRA
STREET ADDRESS	21075 NE 34TH AVE., #304
CITY - ST - ZIP	AVENTURA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	VSD	☒ Change ☐ Addition
1.2 NAME	LIPKIND, IRENE	
1.3 STREET ADDRESS	21075 NE 34th AVE. #301	
1.4 CITY - ST - ZIP	AVENTURA FL 33180	
2.1 TITLE	PD	☒ Change ☐ Addition
2.2 NAME	CAMPOS, MAYRA	
2.3 STREET ADDRESS	21075 NE 34th AVE. #304	
2.4 CITY - ST - ZIP	AVENTURA FL 33180	
3.1 TITLE	TD	☒ Change ☐ Addition
3.2 NAME	BARKOWITZ, HAROLD	
3.3 STREET ADDRESS	21085 NE 34th AVE. #106	
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 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 supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(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, even an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/95

Date

Signature #