


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N14075** (8)

1. Corporation Name

SPINNAKER BAY AT THE WATERWAYS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O MIAMI MANAGEMENT
20803 BISCAYNE BLVD #203
AVENTURA FL 33180
US

C/O MIAMI MANAGEMENT
20803 BISCAYNE BLVD #203
AVENTURA FL 33180-1429
US



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|--|--|---|--|---|--|--|--|
| 2. Principal Place of Business 21 Miami Management, Inc. Suite, Apt. #, etc. 22 14275 SW 142 Avenue City & State 23 Miami FL 33180 Zip 24 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 | | 3. Date Incorporated or Qualified 03/27/1986 | | 3a. Date of Last Report 04/29/1996 | |
| 4. FEI Number 59-2466564 | | Applied For Not Applicable | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |

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|---|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent RIFKIN, ELIOT DADELAND TOWERS NORTH 9200 S DADELAND BLVD STE 700 MIAMI FL 33156 | | | | 10. Name and Address of New Registered Agent 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 reinstating)

DATE

| | | | | | | | |
|----------------------------|-------------------------|---------------------------------|--|---|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE | VDS | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | LIPKIND, IRENE | | | 1.2 NAME | | | |
| STREET ADDRESS | 21075 NE 34TH AVE. #301 | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | AVENTURA FL 33180 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | PD | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | CAMPOS, MAYRA | | | 2.2 NAME | | | |
| STREET ADDRESS | 21075 NE 34TH AVE. #304 | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | AVENTURA FL 33180 | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | TD | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | BARKOWITZ, HAROLD | | | 3.2 NAME | | | |
| STREET ADDRESS | 21085 NE 34TH AVE. #108 | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | AVENTURA FL 33184 | | | 3.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. I do 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.

SIGNATURE: *Irene Lipkind*

2/2/97

CR2E037 (9/96)