

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N16323** (0)

1. Corporation Name

LOOKOUT BAY CONDO ASSOCIATION, INC.



Principal Place of Business

Mailing Address

6011 N BAYSHORE DRIVE #8
MIAMI FL 33137
US

~~3908 NE 163 STREET~~
~~MIAMI~~
~~FL 33180~~
~~US~~

3. Date Incorporated or Qualified 08/12/1986	3a. Date of Last Report 08/22/1995
4. FEI Number 59-1803245	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 6011 N. BAYSHORE DR
22 City & State	27 #8
23 Zip	28 MIAMI, FL
24 Country	29 33137
25	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~CASH WILLIAM F~~
~~ATLANTIC MANAGEMENT GROUP INC~~
~~3908 NE 163RD ST #111~~
~~N MIAMI BCH FL 33180~~

81 Name MARTA REILY
82 Street Address (P.O. Box Number is Not Acceptable) 6011 N. BAYSHORE DR. #8
83 MIAMI
84 City FL
85 Zip Code 33137

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 *Marta Reily* **MARTA REILY** **6/11/96**
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	STD	1.1 TITLE	☐ Change ☐ Addition
NAME	MEADOWS, GAIL	1.2 NAME	
STREET ADDRESS	5731 NE 6TH AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	SS	2.1 TITLE	☒ Change ☐ Addition
NAME	WINOVICH, DIANE	2.2 NAME	
STREET ADDRESS	6011 N BAYSHORE DR #1	2.3 STREET ADDRESS	6011 N. BAYSHORE DR #8
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33137
TITLE	VPD	3.1 TITLE	☒ Change ☐ Addition
NAME	PAPER, MICHAEL	3.2 NAME	
STREET ADDRESS	6011 N BAYSHORE DR 3	3.3 STREET ADDRESS	FLORENCE ZIMMERMAN
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	542 PALM DR.
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florence Zimmerman **FLORENCE ZIMMERMAN**

6/11/96 **954-452-8730**
Date Daytime Phone #

CR2E037 (3/96)