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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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	6011 N. BAYSHORE DR. #8 MIAMI FL 33137-2357 US

3. Date Incorporated or Qualified: 08/12/1986
3a. Date of Last Report: 06/17/1996

21 2. Principal Place of Business	6011 N. Bayshore Dr.
22 Suite, Apt. #, etc.	#6
23	[redacted] Miami, Fla
24 Zip / 25 Country	33137 / DADE
26 2a. Mailing Address	5731 NE 6 Ave
27 Suite, Apt. #, etc.	—
28 City & State	Miami, Fla
29 Zip / 30 Country	33137 / DADE

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

9. Name and Address of Current Registered Agent

REILY, MARTA
6011 N. BAYSHORE DR.
#8
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name: Robertson, Bill
82 Street Address (P.O. Box Number is Not Acceptable): 5731 NE 6 Ave
83: Miami
84 City: Miami **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: Bill Robertson — DATE: 4/30/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MEADOWS, GAIL 5731 NE 6TH AVENUE MIAMI FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	STD Bill Robertson 5731 NE 6 Ave, Miami 33137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS REILY, MARTA 6011 N. BAYSHORE DR. #8 MIAMI FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DS Jakubauskas, Dalia 6011 N. Bayshore #3, Miami 33137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ZIMMERMAN, FLORENCE 542 PALM DR. HALLANDALE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

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.