

Ref: Number N16323

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Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

N16323

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LOOKOUT BAY CONDO ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6011 N. Bayshore Drive
#3
Miami, FL 33137

6011 N. Bayshore
#3 Drive
Miami, FL 33137

2. Principal Place of Business

2a. Mailing Address

21 6011 N. Bayshore Dr.

2a 6011 N. Bayshore Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #3

27 #3

City & State

City & State

23 Miami, FL

28 Miami, FL

Zip

Zip

24 33137

29 33137

Country

25 Dade

Country

30 Dade

9. Name and Address of Current Registered Agent

Bill Robertson
5731 N.E. 6th Ave.
Miami, FL 33137

10. Name and Address of New Registered Agent

81 Name Dalia Jakubauskas
82 Street Address (P.O. Box Number is Not Acceptable)
6011 N. Bayshore Dr., #3
83
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 617.0502, Florida Statutes.

SIGNATURE Dalia Jakubauskas DATE 12/29/97

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 D
NAME President "D"
STREET ADDRESS Jenny Fielder
CITY-ST-ZIP 5465 N. Bay Road, Miami Beach

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME VP & Ass't Sec.
STREET ADDRESS Dalia Jakubauskas "D"
CITY-ST-ZIP 6011 N. Bayshore Dr., #3
Miami, FL 33137

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME Secretary/Treasurer
STREET ADDRESS Florence Zimmerman "D"
CITY-ST-ZIP 542 Palm Dr.
Hallandale, FL 33009

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: Florence Zimmerman, Sec./Treas.

954-456-8730

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florence Zimmerman

12/3/97

Date

Daytime Phone #

CR2E037 (9/96)