

DOCUMENT # N16323

1. Entity Name

LOOKOUT BAY CONDO ASSOCIATION, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-28-2000 90112 011 ****61.25

Principal Place of Business

Mailing Address

6011 N BAYSHORE DRIVE
 #3
 MIAMI FL 33137
 US

6011 N BAYSHORE DRIVE
 #3
 MIAMI FL 33137-2342
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6011 N BAYSHORE DR

6011 N BAYSHORE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#12

#12

City & State

City & State

MIAMI, FL

MIAMI, FL

Zip

Country

Zip

Country

33137

USA

33137

USA

4. FEI Number

59-1803245

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JAKUBAUSKAS, DALIA
 6011 N BAYSHORE DRIVE
 #3
 MIAMI FL 33137

Name

ROBERT RAYMOND

Street Address (P.O. Box Number is Not Acceptable)

6011 N. BAYSHORE DRIVE

City

MIAMI

FL

Zip Code
33137

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

ROBERT RAYMOND

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME SUNAN, MICHAEL ☒ Delete
 STREET ADDRESS 1069 N E 91ST TERRACE
 CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE M
 NAME ROBERT RAYMOND ☒ Change ☐ Addition
 STREET ADDRESS 6011 N. BAYSHORE DR #12
 CITY-ST-ZIP MIAMI, FL 33137

TITLE VASD
 NAME JAKUBAUSKAS, DALIA ☒ Delete
 STREET ADDRESS 6011 N. BAYSHORE DRIVE
 CITY-ST-ZIP MIAMI FL 33137

TITLE R D
 NAME DIANE NINDOVICH ☒ Change ☐ Addition
 STREET ADDRESS 6011 N. BAYSHORE DR #1
 CITY-ST-ZIP MIAMI, FL 33137

TITLE STD
 NAME ZIMMERMAN, FLORENCE ☒ Delete
 STREET ADDRESS 542 PALM DR.
 CITY-ST-ZIP HALLANDALE FL 33009

TITLE S D
 NAME RHYLLIS SHAPIRO ☒ Change ☐ Addition
 STREET ADDRESS 6011 N. BAYSHORE DR #6
 CITY-ST-ZIP MIAMI, FL 33137

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE T
 NAME GENE GRIMSLEY ☒ Change ☐ Addition
 STREET ADDRESS 6011 N. BAYSHORE DR. #10
 CITY-ST-ZIP MIAMI, FL 33137

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ROBERT RAYMOND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/22/2000 305-756-8271

Daytime Phone #

CR2E037 (9/99)