

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Sep 18 1997 8:00am
Secretary of State

DOCUMENT # N17681 (0)

1. Corporation Name

FLORIDA BAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4691 SW 71ST AVE.
MIAMI FL 33155

4691 SW 71ST AVE.
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1986

3a. Date of Last Report

02/15/1996

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2770429

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

24

25

Zip

Country

29

30

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

ARMAS, ALEIDA
4691 SW 71 ST.
MIAMI FL 33155

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

TITLE PD
NAME ARMAS, ALEIDA
STREET ADDRESS 4691 SW 71 AVE.
CITY-ST-ZIP MIAMI FL 33155 ☐ DELETE

TITLE VD
NAME ARMAS, FRANK
STREET ADDRESS 4691 SW 71ST AVE.
CITY-ST-ZIP MIAMI FL 33155 ☐ DELETE

TITLE D
NAME JONES, DERRICK F
STREET ADDRESS 7095 SW 47 ST.
CITY-ST-ZIP MIAMI FL 33155 ☐ DELETE

TITLE D
NAME JONES, LAUREL D
STREET ADDRESS 7095 SW 47 ST.
CITY-ST-ZIP MIAMI FL 33155 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Sheldon Cook
1.3 STREET ADDRESS 4691 SW 71 Ave.
1.4 CITY-ST-ZIP Miami, FL 33155

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Marilyn Cook
2.3 STREET ADDRESS 4691 SW 71st Ave.
2.4 CITY-ST-ZIP Miami, FL 33155

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME Richard Spradling
3.3 STREET ADDRESS 7095 SW 47 St.
3.4 CITY-ST-ZIP Miami, FL 33155

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Maggie Valerio
4.3 STREET ADDRESS 7095 SW 47 St.
4.4 CITY-ST-ZIP Miami, FL 33155

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

6.1 TITLE ☐ Change ☐ Addition
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

SIGNATURE REQUIRED SHELDON Cook 9/15/97 305-733-1044

CR2E037 (4/97)