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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21245

1. Corporation Name

DESERT INN BEACH AND TENNIS CLUB CONDOMINIUM ASS OCIATION, INC.

Principal Place of Business	Mailing Address
17201 COLLINS AVE. MIAMI BCH FL 33160	17201 COLLINS AVE. MIAMI BCH FL 33160

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/22/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2827544 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ROSENDO, FUNDORA
3270 SW 116TH PL
MIAMI BCH. FL 33165

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

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 _____ DATE
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FUNDORA, ROSENDO		1.2 NAME		
STREET ADDRESS	17201 COLLINS AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL		1.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	GALLARDO, HOMERO		2.2 NAME	LAZARO J. VERDURA.	
STREET ADDRESS	17201 COLLINS AVE.		2.3 STREET ADDRESS	17201 COLLINS AVE	
CITY-ST-ZIP	MIAMI BCH FL 33160		2.4 CITY-ST-ZIP	Miami Beach Fla 33160	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DIAZ, BENITO		3.2 NAME		
STREET ADDRESS	17201 COLLINS AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FERNANDEZ, HECTOR		4.2 NAME		
STREET ADDRESS	17201 COLLINS AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH. FL 33160		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ENRIQUEZ, JULIAN A		5.2 NAME		
STREET ADDRESS	17201 COLLINS AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH. FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 03-21-99 305-223-7491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Rosendo Julian Fundora