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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N22394 (3)
1. Corporation Name
THE CRICKET CLUBHOUSE CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business Mailing Address
1650 N.E. 115 STREET MIAMI FL 33181 US
1650 N.E. 115 STREET MIAMI FL 33181-3141 US

3. Date Incorporated or Qualified 09/08/1987
3a. Date of Last Report 02/12/1996
4. FEI Number 65-0021061 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
GABLE, MICHAEL P
4000 HOLLYWOOD BLVD
STE 485 S
HOLLYWOOD FL 33026-3744

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE DP DELETED
NAME BARON, WALLY
STREET ADDRESS 1650 NE 115 STREET
CITY-ST-ZIP N MIAMI FL
TITLE DT DELETED
NAME CULLETON, TIM
STREET ADDRESS 1650 NE 115 ST
CITY-ST-ZIP N MIAMI FL
TITLE SD DELETED
NAME GROSSO, MARTY
STREET ADDRESS 1650 NE 115 ST
CITY-ST-ZIP N MIAMI FL
TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE DP Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Richard Masten Change Addition
4.2 NAME 1650 N.E. 115 Street
4.3 STREET ADDRESS N. Miami, FL 33181
4.4 CITY-ST-ZIP
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 unchanged, or on an attachment with an address.

SIGNATURE: X [Signature] REQUIRED x 2-13-97 x
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033494

CR2E037 (9/96)