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Mar 03 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 # **N23697** **(8)**

1. Corporation Name

ANCHOR BAY CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
300 THREE ISLAND BLVD. HALLANDALE FL 33009-2800	300 THREE ISLAND BLVD. HALLANDALE FL 33009-2893

3. Date Incorporated or Qualified: 12/02/1987
3a. Date of Last Report: 03/04/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 65-0017694 ☐ 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

9. Name and Address of Current Registered Agent

NOCELLA, FRANK
300 THREE ISLANDS BLVD
PH 3-A
HALLANDALE FL 33009

APPROVED BY 6/25
AMOUNT 6921 DATE PD # 2/12/97
CHECK #

10. Name and Address of New Registered Agent

91 Name: Meller, Barbara
92 Street Address (P.O. Box Number is Not Acceptable): 300 Three Islands Blvd.
93: Unit 520
94 City: Hallandale, **FL** 95 Zip Code: 33009

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: Barbara Meller
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

ACCT#

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	NOCELLA, FRANK		1.2 NAME	Meller, Barbara	
STREET ADDRESS	300 THREE ISLANDS BLVD PH 3-A		1.3 STREET ADDRESS	300 Three Islands Blvd. #620	
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-ST-ZIP	Hallandale, Fl. 33009	
TITLE	VT	☒ DELETE	2.1 TITLE	Vice-President	☒ Change ☐ Addition
NAME	COOK, MORRIS		2.2 NAME	Meyer, Sandra	
STREET ADDRESS	300 THREE ISLAND BLVD #207		2.3 STREET ADDRESS	300 Three Islands Blvd., #109	
CITY-ST-ZIP	HALLANDALE FL		2.4 CITY-ST-ZIP	Hallandale, Fl. 33009	
TITLE	VT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SAMUEL, MICHAEL		3.2 NAME		
STREET ADDRESS	300 THREE ISL BLVD #819		3.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	HALLANDALE FL		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	FELSEN, CHRYSTAL		4.2 NAME	Sanders, Eileen	
STREET ADDRESS	300 THREE ISLANDS BLVD PH 5-B		4.3 STREET ADDRESS	300 Three Islands Blvd., #618	
CITY-ST-ZIP	HALLANDALE FL		4.4 CITY-ST-ZIP	Hallandale, Fl. 33009	
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	RUDISCH, BEATRICE D		5.2 NAME		
STREET ADDRESS	300 THREE ISALND BLVD #402		5.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	HALLANDALE FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE	Aber, Eli Director	☒ Change ☐ Addition
NAME	MELLER, BARBARA		6.2 NAME	300 Three Islands Blvd., #110	
STREET ADDRESS	300 THREE ISLAND BLVD		6.3 STREET ADDRESS	Hallandale, Fl. 33009	
CITY-ST-ZIP	HALLANDALE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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: Barbara Meller QUIRED President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0022624