03041999-90258-011-$61.25-$61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State
03-04-1999 90258 011 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N23697

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 33009-2800

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

3. Date Incorporated or Qualified: 12/02/1987

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

9. Name and Address of Current Registered Agent

~~MELLER, BARBARA~~
~~300 THREE ISLANDS BLVD~~
~~UNIT 620~~
~~HALLANDALE FL 33009~~

10. Name and Address of New Registered Agent

81 Name: Frank Nocella
82 Street Address (P.O. Box Number is Not Acceptable): 300 Three Islands Blvd. PH-3A
83
84 City: Hallandale FL 85 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: Frank Nocella (Frank Nocella, President) Feb. 12, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	P - DIRECTOR	☑ Change ☐ Addition
NAME	ABER, ELI		1.2 NAME	Frank Nocella	
STREET ADDRESS	300 THREE ISLANDS BLVD, #110		1.3 STREET ADDRESS	300 Three Islands Blvd., PH-3A	
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-ST-ZIP	Hallandale, Fl. 33009	
TITLE	VP	☒ DELETE	2.1 TITLE	V-P DIRECTOR	☑ Change ☐ Addition
NAME	MEYER, SANDRA		2.2 NAME	Beatrice Rudisch	
STREET ADDRESS	300 THREE ISLANDS BLVD, #100		2.3 STREET ADDRESS	300 Three Islands Blvd., #402	
CITY-ST-ZIP	HALLANDALE FL		2.4 CITY-ST-ZIP	Hallandale, Fl. 33009	
TITLE	VT	☒ DELETE	3.1 TITLE	V-P - DIRECTOR	☑ Change ☐ Addition
NAME	SAMUEL, MICHAEL		3.2 NAME	Joseph Muraskin	
STREET ADDRESS	300 THREE ISL BLVD #819		3.3 STREET ADDRESS	300 Three Islands Blvd., #608	
CITY-ST-ZIP	HALLANDALE FL		3.4 CITY-ST-ZIP	Hallandale, Fl. 33009	
TITLE	T	☒ DELETE	4.1 TITLE	T	☑ Change ☐ Addition
NAME	SANDERS, EILEEN		4.2 NAME	Morris Cook	
STREET ADDRESS	300 THREE ISLANDS BLVD, #618		4.3 STREET ADDRESS	300 Three Islands Blvd., #207	
CITY-ST-ZIP	HALLANDALE FL		4.4 CITY-ST-ZIP	Hallandale, Fl. 33009	
TITLE	S	☒ DELETE	5.1 TITLE	S	☑ Change ☐ Addition
NAME	RUDISCH, BEATRICE D		5.2 NAME	Edward Gallagher	
STREET ADDRESS	300 THREE ISALND BLVD #402		5.3 STREET ADDRESS	300 Three Islands Blvd., #111	
CITY-ST-ZIP	HALLANDALE FL		5.4 CITY-ST-ZIP	Hallandale, Fl. 33009	
TITLE	P	☒ DELETE	6.1 TITLE	D	☑ Change ☐ Addition
NAME	MELLER, BARBARA		6.2 NAME	Sam Brenner	
STREET ADDRESS	300 THREE ISLANDS BLVD #620		6.3 STREET ADDRESS	300 Three Islands Blvd., #512	
CITY-ST-ZIP	HALLANDALE FL		6.4 CITY-ST-ZIP	Hallandale, Fl. 33009	

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: Frank Nocella SIGNATURE REQUIRED Frank Nocella 2/12/99 (954)458-4885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #