


FILE NOW: FILING FEE IS \$61.25

FILED  
May 12 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N38609** (6)

1. Corporation Name

**DEERING BAY CONDOMINIUM I, INC.**

Principal Place of Business

Mailing Address

**13605 OLD CUTLER RD  
MIAMI FL 33158-1334**

**13605 OLD CUTLER RD  
MIAMI FL 33158-1334**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/14/1990</b>		3a. Date of Last Report <b>05/01/1996</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>NOT APPLICABLE</b>		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				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

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	PD	1.1 TITLE	P/D
NAME	CODINA, ARMANDO	1.2 NAME	FERNE KALSTONE
STREET ADDRESS	TWO ALHAMBRA PLAZA, PH2	1.3 STREET ADDRESS	13605 OLD CUTLER ROAD
CITY - ST - ZIP	CORAL GABLES FL 33134	1.4 CITY - ST - ZIP	CORAL GABLES, FL 33158
TITLE	VTD	2.1 TITLE	T/D
NAME	RAY, DOUGLAS T	2.2 NAME	HOWARD GROSS
STREET ADDRESS	13605 OLD CUTLER RD	2.3 STREET ADDRESS	13605 OLD CUTLER ROAD
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	CORAL GABLES, FL 33158
TITLE	VSD	3.1 TITLE	S/D
NAME	KATZ, MICHAEL	3.2 NAME	DAVID KRASLOW
STREET ADDRESS	13605 OLD CUTLER RDD	3.3 STREET ADDRESS	13605 OLD CUTLER ROAD
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	CORAL GABLES, FL 33158
TITLE		4.1 TITLE	VP/D
NAME		4.2 NAME	ALLEN BERNKRANT
STREET ADDRESS		4.3 STREET ADDRESS	13605 OLD CUTLER ROAD
CITY - ST - ZIP		4.4 CITY - ST - ZIP	CORAL GABLES, FL 33158
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

*Ferne Kalstone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97 305-255-2900  
Date Daytime Phone # 0031407

CR2E037 (9/96)