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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N38609

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

21

26

06/14/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
65-0427488

Applied For
Not Applicable

22
City & State

27
City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23
Zip Country

28
Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MICHAEL D. KATZ, ESQ.
KATZ, BARRON, SQUITERO, FAUST & BERMAN PA
2699 S. BAYSHORE DR., 7TH FLOOR
MIAMI FL 33133**

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

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
NAME **WHITCOMB, STANLEY P.**
STREET ADDRESS **13605 DEERING, BAY DR.**
CITY-ST-ZIP **CORAL GABLES FL 33158**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **SD** ☒ DELETE
NAME **GROSS, HOWARD**
STREET ADDRESS **13605 OLD CUTLER RD.**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE **DV** ☒ Change ☐ Addition
2.2 NAME **Roberto Suarez**
2.3 STREET ADDRESS **13610 Deering Bay Drive**
2.4 CITY-ST-ZIP **Coral Gables, FL 33158**

TITLE **SD** ☒ DELETE
NAME **KRASLOW, DAVID**
STREET ADDRESS **13605 OLD CUTLER RD**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **Pat Stewart**
3.3 STREET ADDRESS **13610 Deering Bay Drive**
3.4 CITY-ST-ZIP **Coral Gables, FL 33158**

TITLE **VPD** ☒ DELETE
NAME **BERNKRANT, ALLEN**
STREET ADDRESS **13605 OLD CUTLER RD**
CITY-ST-ZIP **CORAL GABLES FL**

4.1 TITLE **DT** ☒ Change ☐ Addition
4.2 NAME **Bernkrant, Allen**
4.3 STREET ADDRESS **13610 Deering Bay Drive**
4.4 CITY-ST-ZIP **Coral Gables, FL33158**

TITLE **PD** ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **PD** ☒ Change ☒ Addition
5.2 NAME **Ferne Kalstone**
5.3 STREET ADDRESS **13610 Deering Bay Drive**
5.4 CITY-ST-ZIP **Coral Gables, FL 33158**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 as an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

1-6-99

CR2E037 (1/98)