

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N95000002990 (8)

1. Corporation Name

ST. JAMES ON THE BEACH CONDOMINIUM ASSOCIATION,  
INC.

Principal Place of Business

Mailing Address

2151 SOUTH LEJEUNE RD.  
SUITE 310  
CORAL GABLES F: 33134

2151 SOUTH LEJEUNE RD.  
SUITE 310  
CORAL GABLES F: 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/22/1995 3a. Date of Last Report 07/05/1996

4. FEI Number 65-0666043 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address  
21 1521 MERIDIAN AVE 26 1521 MERIDIAN AVE  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 APT 202 27 APT 202  
City & State City & State  
23 MIAMI BEACH, FL 28 MIAMI BEACH, FL  
Zip Country Zip Country  
24 33139 25 DADE 29 33139 30 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANGULO, ANA M  
2151 SOUTH LEJEUNE RD.  
SUITE 310  
CORAL GABLES FL 33134

81 Name JAMES P. McDONALD  
82 Street Address (P.O. Box Number is Not Acceptable) 1521 MERIDIAN AVE  
83 APT 202  
84 City MIAMI BEACH FL 85 Zip Code 33139

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 James P. McDonald 9/14/97  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOPEZ-BOY, FRANCISCO E			1.2 NAME	JAMES WINSTON		
STREET ADDRESS	145 MADEIRA AVE. #312			1.3 STREET ADDRESS	1521 MERIDIAN AVE #204		
CITY-ST-ZIP	CORAL GABLES FL 33134			1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139		
TITLE	STD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP & TREASURER / DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBAU, RAOUL			2.2 NAME	KENNETH E. BORNATH		
STREET ADDRESS	145 MADEIRA AVE. #312			2.3 STREET ADDRESS	1521 MERIDIAN AVE #202		
CITY-ST-ZIP	CORAL GABLES FL 33134			2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SECRETARY / DIRECTOR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBAU, GRACIELA			3.2 NAME	JOHN SIMMONS		
STREET ADDRESS	145 MADEIRA AVE. #312			3.3 STREET ADDRESS	1521 MERIDIAN AVE #201		
CITY-ST-ZIP	CORAL GABLES FL 33134			3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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 Kenneth E. Bornath 9/14/97 305-661-3409

FILED  
Sep 19 1997 8:00am  
Secretary of State



CR2037 (4/97)