

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| <b>NONPROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1998</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N96000000667 (3)**

1. Corporation Name

**SEA AIR TOWERS CONDOMINIUM ASSOCIATION, INC.**



|  |  |
|--|--|
| Principal Place of Business                  | Mailing Address                              |
| 3725 SOUTH OCEAN DRIVE<br>HOLLYWOOD FL 33019 | 3725 SOUTH OCEAN DRIVE<br>HOLLYWOOD FL 33019 |

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

|   |   |
|---|---|
| 3. Date Incorporated or Qualified   | 02/07/1996  |
| 4. FEI Number   | 65-0643211  |
| 5. Certificate of Status Desired  | <input type="checkbox"/> \$8.75 Additional Fee Required             |
| 6. Election Campaign Financing Trust Fund Contribution  | <input type="checkbox"/> \$5.00 May Be Added to Fees                |
| 7. Is this nonprofit corporation a homeowners association?  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

**ZARETSKY, LOUIS**  
**555 NE 15TH #100**  
**MIAMI FL 33132**

10. Name and Address of New Registered Agent

81 Name **Hyman, Michael**

82 Street Address (P.O. Box Number is Not Acceptable)  
**Museum Tower 27th Floor**

83 **150 West Flagler Street**

84 City **Miami** **FL** 85 Zip Code **33130**

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  DATE **2/25/98**

12. OFFICERS AND DIRECTORS

|                |                                    |  |
|----------------|------------------------------------|--|
| TITLE          | PD                                 | <input type="checkbox"/> DELETE            |
| NAME           | <b>BIANCO, JOSEPH</b>              |  |
| STREET ADDRESS | <b>3725 SOUTH OCEAN DRIVE #801</b> |  |
| CITY-ST-ZIP    | <b>HOLLYWOOD FL 33019</b>          |  |
| TITLE          | VSD                                | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>BLOOM, JEWEL</b>                |  |
| STREET ADDRESS | <b>3725 SOUTH OCEAN DRIVE</b>      |  |
| CITY-ST-ZIP    | <b>HOLLYWOOD FL 33019</b>          |  |
| TITLE          | VTD                                | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>MAYRON, SHAY</b>                |  |
| STREET ADDRESS | <b>3725 SOUTH OCEAN DRIVE</b>      |  |
| CITY-ST-ZIP    | <b>HOLLYWOOD FL 33019</b>          |  |
| TITLE          |                                    | <input type="checkbox"/> DELETE            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |
| TITLE          |                                    | <input type="checkbox"/> DELETE            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |
| TITLE          |                                    | <input type="checkbox"/> DELETE            |
| NAME           |                                    |  |
| STREET ADDRESS |                                    |  |
| CITY-ST-ZIP    |                                    |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                  |  |
|--------------------|----------------------------------|--|
| 1.1 TITLE          | VPD                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>Bianco, Joseph</b>            |  |
| 1.3 STREET ADDRESS | <b>3725 S. Ocean Drive #801</b>  |  |
| 1.4 CITY-ST-ZIP    | <b>Hollywood, FL 33019</b>       |  |
| 2.1 TITLE          | PD                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>Chaidez, Marie C.</b>         |  |
| 2.3 STREET ADDRESS | <b>3725 S. Ocean Drive #1204</b> |  |
| 2.4 CITY-ST-ZIP    | <b>Hollywood, FL 33019</b>       |  |
| 3.1 TITLE          | STD                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | <b>Vidal, Bart</b>               |  |
| 3.3 STREET ADDRESS | <b>3725 S. Ocean Drive #622</b>  |  |
| 3.4 CITY-ST-ZIP    | <b>Hollywood, FL 33019</b>       |  |
| 4.1 TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                                  |  |
| 4.3 STREET ADDRESS |                                  |  |
| 4.4 CITY-ST-ZIP    |                                  |  |
| 5.1 TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                                  |  |
| 5.3 STREET ADDRESS |                                  |  |
| 5.4 CITY-ST-ZIP    |                                  |  |
| 6.1 TITLE          |                                  | <input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address.

SIGNATURE:  **Marie C. Chaidez, Pres.**

CR2E037 (10/97)