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FILED
May 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000008368 (0)

1. Corporation Name
SKYLINE BAY CLUB, INC.

Principal Place of Business

%MANDINA & GINSBERG P.A.
2964 AVIATION AVE
MIAMI FL 33133

Mailing Address

%MANDINA & GINSBERG P.A.
2964 AVIATION AVE
MIAMI FL 33133-3862

2. Principal Place of Business

21. Mandina, Ginsberg & Toledo
Suite, Apt. #, etc.

22. 1110 Brickell Ave. Suite 805

23. Miami, Florida

24. 33131

2a. Mailing Address

26. Mandina, Ginsberg & Toledo
Suite, Apt. #, etc.

27. 1110 Brickell Ave. Suite 805

28. Miami, FL

29. 33131

3. Date Incorporated or Qualified
01/24/1994

3a. Date of Last Report
04/30/1996

4. FEI Number
NOT APPLICABLE

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MANDINA, PHILIP J
2964 AVIATION AVE 2ND FL
MIAMI FL 33133

10. Name and Address of New Registered Agent

81. Philip J. Mandina
82. Street Address (P.O. Box Number is Not Acceptable)
1110 Brickell Ave. Suite # 805
83.
84. Miami FL 85. Zip Code 33131

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-97

12. OFFICERS AND DIRECTORS

TITLE
NAME PS
STREET ADDRESS MANDINA, PHILIP J.
CITY-ST-ZIP 2964 AVIATION AVE
MIAMI FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Signature and date 4-21-97

CR2E034 (9/96)