

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

APPROVED AND FILED

95 JUL -3 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # 709227 (3)
1. Corporation Name
719 APARTMENT ASSOCIATION, INC.

Principal Place of Business: **719 EUCLID AVE MIAMI BEACH FL 33139**
Mailing Address: **719 EUCLID AVE MIAMI BEACH FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/29/1965** 3a. Date of Last Report: **04/11/1994**

4. FEI Number: **59-2604982** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$0.75 Additional Fee Required**

6. Election Campaign Exemption (Trust Fund Contribution): **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 190.032 Florida Statutes: Yes No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**

State, Apt. #, etc: **22** State, Apt. #, etc: **27**

City & State: **23** City & State: **28**

Zip: **24** County: **25** Zip: **29** Precinct: **30**

9. Name and Address of Current Registered Agent
DELANOY, GEORGE
719 EUCLID AVE #10
APT. 7
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

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: **G. GEORGE C. DELANOY** DATE: **6/23/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: BIRMAN, JACOB STREET ADDRESS: 719 EUCLID AVE. APT. 7 CITY, ST, ZIP: MIAMI BCH FL	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: SD	NAME: GOLDRING, JUDA STREET ADDRESS: 719 EUCLID AVE. APT. 9 CITY, ST, ZIP: MIAMI BCH FL	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TD	NAME: DELANOY, GEORGE STREET ADDRESS: 719 EUCLID AVE #10 CITY, ST, ZIP: MIAMI BCH FL	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE:	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I hereby certify that the information required with this filing is voluntarily furnished and does not qualify for the recognition stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information contained on this annual report or supplementary annual report is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee (employee) to conduct 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: **George C. Delaney** DATE: **June 21, 1995**

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR: **GEORGE C. DELANOY**

CR2E037 (3/95)