

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 709715 (7)

1. Corporation Name
921 APARTMENT ASSOCIATION, INC.



Principal Place of Business: **921 MERIDIAN AVENUE #10 MIAMI BEACH FL 33139**
Mailing Address: **921 MERIDIAN AVENUE #10 MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified: **10/05/1965**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21-23) and Mailing Address (24-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

4. FEI Number: **59-2059162**
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

10. Name and Address of New Registered Agent

**BELTSKY, NERNARD APT 12
921 MERIDIAN AVE.
MIAMI FL 33139**

81 Name: **SCOTT PARKER**
82 Street Address (P.O. Box Number is Not Acceptable): **169 ADAMS PLACE APT. 46**
83 **PAHOKEE, FL 33476**
84 City: **PAHOKEE, FL** 85 Zip Code: **33476**

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]* **SCOTT PARKER PD** DATE: **4/26/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: BELTSKY, NERNARD	1.1 TITLE: <input type="checkbox"/> DELETE	1.1 TITLE: DELETE THE "P" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 921 MERIDIAN AVE. #12	CITY-ST-ZIP: MIAMI BEACH FL	1.2 NAME:	1.2 NAME:
TITLE: ST	NAME: CASILLAS, JOSEFINA	2.1 TITLE: <input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 921 MERIDIAN AVE #8	CITY-ST-ZIP: MIAMI BEACH FL	2.2 NAME:	2.2 NAME:
TITLE: VD	NAME: SPAGNOLA, ROBERT	3.1 TITLE: <input checked="" type="checkbox"/> DELETE	3.1 TITLE: DELETE NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1390 OCEAN DR.	CITY-ST-ZIP: MIAMI BEACH FL	3.2 NAME:	3.2 NAME:
TITLE: D	NAME: KLEIN, SELMA	4.1 TITLE: <input checked="" type="checkbox"/> DELETE	4.1 TITLE: DELETE NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 921 MERIDIAN AVE., 1	CITY-ST-ZIP: MIAMI BCH. FL	4.2 NAME:	4.2 NAME:
TITLE: PARKER SCOTT P.D.	NAME: SCOTT PARKER	5.1 TITLE: <input type="checkbox"/> DELETE	5.1 TITLE: P.D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	5.2 NAME: SCOTT PARKER
TITLE:	NAME:	5.3 STREET ADDRESS:	5.3 STREET ADDRESS: 169 ADAMS PLACE APT. 46
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	5.4 CITY-ST-ZIP: PAHOKEE FL 33476
TITLE:	NAME:	6.1 TITLE: <input type="checkbox"/> DELETE	6.1 TITLE: V.D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	6.2 NAME: FERNANDEZ ABEL
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.3 STREET ADDRESS: 921 MERIDIAN AVE, APT 6
STREET ADDRESS:	CITY-ST-ZIP:	6.4 CITY-ST-ZIP:	6.4 CITY-ST-ZIP: MIAMI BEACH, FLA 33139

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *[Signature]* **BERNARD BELTSKY** DATE: **4/26/96** (305) 673 4623

CR2E037 (12/95)