


FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90029 030 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 709715

1. Corporation Name
921 APARTMENT ASSOCIATION, INC.

Principal Place of Business 921 MERIDIAN AVE MIAMI BEACH FL 33139 US	Mailing Address 921 MERIDIAN AVE MIAMI BEACH FL 33139 US
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21. Principal Place of Business Suite, Apt. #, etc.	2a. Mailing Address Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10/05/1965	4. FEI Number 59-2059162	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
23. Zip	28. Country	29. Zip	30. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BELITSKY, BERNARD 921 MERIDIAN AVE. #12 MIAMI BEACH FL 33139				81. Name	Gould, Jay W (Southern Sun)		
				82. Street Address (P.O. Box Number is Not Acceptable)	14465 SW 97th Ave		
				83.			
				84. City	Miami	85. Zip Code	33176

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: Jay W. Gould President DATE: 8/30/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELTSKY, NERNARD			1.2 NAME	BELTSKY, BERNARD		
STREET ADDRESS	921 MERIDIAN AVE. #12			1.3 STREET ADDRESS	921 Meridian Ave #12		
CITY-ST-ZIP	MIAMI BEACH FL			1.4 CITY-ST-ZIP	Miami Beach, FL 33139		
TITLE	TSD	<input type="checkbox"/> DELETE		2.1 TITLE	TSD Casillas, Josefina	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASILLAS, JOSEFINA			2.2 NAME	921 Meridian Ave #8		
STREET ADDRESS	921 MERIDIAN AVE #8			2.3 STREET ADDRESS	Miami Beach, FL 33139		
CITY-ST-ZIP	MIAMI BEACH FL 33139			2.4 CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	VP Gregory T. Niles	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FERNANDEZ, ABEL			3.2 NAME	921 Meridian Ave #7		
STREET ADDRESS	921 MERIDIAN AVENUE APT 6			3.3 STREET ADDRESS	Miami Beach, FL 33139		
CITY-ST-ZIP	MIAMI BEACH FL 33139			3.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	PD Gould, Jay W.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DELTOR, FRANK			4.2 NAME	14465 SW 97th Ave		
STREET ADDRESS	921 MERIDIAN AVE., #1			4.3 STREET ADDRESS	Miami, FL 33176		
CITY-ST-ZIP	MIAMI BEACH FL			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 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, with all other like empowered.

SIGNATURE: Jay W. Gould DATE: 7/23/99 (305) 253-0692

CR2E037 (5/99)