FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

FILED Apr 26, 1996 08:00 AM Secretary of State

1996

DOCUMENT # 710730

(3)

PLAZA EAST ASSOCIATION, INC.

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Principal Place of Business Mailing Address				E INDERE INER I TENER NORTH INROVENITAL IN	TOTA BEDIT DIDEL DEGLE DIBLE DIDEL DEDIL IRDE
4300 N. OCE/ FT. LAUDERD	an Blvd. Ale fl 33308	4300 N. OCEAN BLVD. FT. LAUDERDALE FL 3330	8		
				3. Date Incorporated or Qualified 04/15/1966	3a. Date of Last Report 04/28/1995
2. Principal Pla 21	ace of Business	2a. Mailing Address 26		4. FEI Number 59-1197753	Applied For Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29 3	Country 30	8. This corporation has liability for in Florida Statutes	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent
			B1 Name	BECKER & POLIAKOFF	, P.A.
HUBERT & THOMPKINS, PA 2400 E COMMERCIAL BLVD FT LAUDERDALE FL 33308			82 Street A	ddress (P.O. Box Number is Not Acceptable	RATE PARK
FI LAUD	ENDALE PE 33300		84 City	3111 Sterling Road Fort Lauderdale.	F1 85 Zgg § gg/q 2
11 Purquant t	o the provisions of Sections 617 050	12 and 617 1508. Florida Statutes	the shove named con	poration submits this statement for the purp	
or register	ed agent, or both, in the State of Floi th, and accept the obligations of, Sec	rida. Such change was authorized.	by the corporation's b	ourd of directors. I hereby accept the appo	intment as registered agent. I am
	in, and accept the obligations or, sec	Chori 617.0503, Florida Statules.			4-23-84
SIGNATURE _	Stocature, typed or printed name of registered age	nt and little if applicable (NOTE	Registered Agent signature reg	uizud when reinstating)	DATE
12.	OFFICERS AF	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFK	DERS AND DIRECTORS IN 12
TITLE	PD	□X DELETE	1 1 TITLE	PD	Change Addition
NAME	GOLDSTEIN, NATALIE		12 NAME	GREENGLASS, SHELD) N
STREET ADDRESS	4300 N OCEAN BLVD		1 3 STREET ADDRESS	4300 N. Ocean Blvd	
CITY - ST - ZIP	ft lauderdale fl		14 CHTY - ST - ZIP	Ft. Lauderdale, Fl	
TITLE	VD	(X)DELETE	2 1 TITLE	VD.	Change Addition
NAME	CRIMENI, VINCENT		2.2 NAME	GOLDSTEIN, NATALIE	-
STREET ADDRESS	4300 N OCEAN BLVD		2.3 STREET ADDRESS	4300 N. Ocean Blvd	
CITY-ST-ZIP	ft lauderdale fl		2 4 CITY-ST-ZIP	Ft. Lauderdale, FL	
TITLE	TD	DELETE	3 1 TITLE		Change Addition
NAME	LOVEMAN, ESTHER		32 NAME		
STREET ADDRESS	4300 N OCEAN BLVD		3 3 STREET ADDRESS		
CITY-ST-ZIP	ft lauderdale fl		3.4. CITY-ST-ZIP		
TITLE	SD	DELETE	41 TITLE		☐ Change ☐ Addition
NAME	EVANS, IRENE		4 2 NAME		
STREET ADDRESS	4300 N OCEAN BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE	D	DELETE	5 1 TITLE	-	Change Addition
NAME	ISKOWITZ, VICTOR		5.2 NAME		_
STREET ADDRESS	4300 N OCEAN BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CHTY-ST-ZIP		
TITLE	D	(X) DELETE	61 TITLE	D	Change Addition
NAME	KARRAS, NICK		62 NAME	- - -	
STREET ADDRESS	4300 N OCEAN BLVD		6 3 STREET ADDRESS	MASTROTA, VINCENT	
CITY-ST-ZIP	FT LAUDERDALE FL		64 CITY-ST-7IP	4300 N. Ocean Blyd	i .

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption and the property of the exemption of the

SIGNATURE:

SHATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

96 (954) 513-511

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