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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 712080

1. Corporation Name

FIFTH MIRAMAR CONDOMINIUM, INC.

Principal Place of Business

6750 ARBOR DRIVE
 MIRAMAR FL 33023

Mailing Address

6750 ARBOR DRIVE
 MIRAMAR FL 33023



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

01/12/1967

4. FEI Number

59-1202373

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

9. Name and Address of Current Registered Agent

WEIMER, WILMA
 6750 ARBOR DR. #203
 MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name LETITIA E. TULL-REID
 82 Street Address (P.O. Box Number is Not Acceptable) 6750 ARBOR DR. #202
 83
 84 City MIRAMAR FL 85 Zip Code 33023

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 617.0502, Florida Statutes.

SIGNATURE *Letitia E. Tull-Reid* *Letitia E. Tull-Reid* 3/1/99 DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	NEVERSON, EULA	
STREET ADDRESS	6750 ARBOR DR.	
CITY-ST-ZIP	MIAMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NUZZOLILLI, EVELYN	
STREET ADDRESS	6750 ARBOR DR., #102	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MACERI, MARGARET	
STREET ADDRESS	6750 ARBOR DR #105	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	WEIMER, WILMA	
STREET ADDRESS	6750 ARBOR DR., #203	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	TREASURER	<input type="checkbox"/> DELETE
NAME	LYDIA SANTIAGO	
STREET ADDRESS	6750 ARBOR DR. #101	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	D JUDITH MAMES	<input type="checkbox"/> DELETE
NAME	JUDITH MAMES	
STREET ADDRESS	6750 ARBOR DR. #206	
CITY-ST-ZIP	MIRAMAR FL 33023	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Z. PENDER	
1.3 STREET ADDRESS	6750 ARBOR DR 106	
1.4 CITY-ST-ZIP	MIRAMAR FL 33023	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Letitia E. Tull-Reid* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99 754-986-0047 DATE DAYTIME PHONE #

CR2E037 (11/98)