

**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

**FILED**  
**Apr 22, 1996 08:00 AM**  
**Secretary of State**

**DOCUMENT # 712224 (5)**

1. Corporation Name  
**1475 TERRA TOWERS CONDOMINIUM, INC.**



Principal Place of Business Mailing Address  
**1475 N.E. 125TH TERR. NO. MIAMI FL 33161**

3. Date Incorporated or Qualified **02/08/1967** 3a. Date of Last Report **04/18/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-1159693</b>	<input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	28	29
23	28	29	30
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>EVANOFF, CATHRYN 1475 NE 125TH TERRACE APARTMENT 605 NORTH MIAMI FL 33161</b>	81 Name <b>Ludwig, LEONARD PRES.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1475 N.E. 125TH TERRACE</b> 83 <b>Apt. 607</b> 84 City <b>North Miami FL</b> 85 Zip Code <b>33161</b>

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]* 4-15-96 DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SAVARD, JOHN</b>	1.2 NAME	<b>Ludwig, LEONARD</b>
STREET ADDRESS	<b>1475 NE 125 TERR 112</b>	1.3 STREET ADDRESS	<b>1475 NE 125TH TERRACE # 607</b>
CITY-ST-ZIP	<b>NO MIAMI FL 33161</b>	1.4 CITY-ST-ZIP	<b>NO. MIAMI FI 33161</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KRUGMAN, BETTY</b>	2.2 NAME	<b>BROWN, Richard</b>
STREET ADDRESS	<b>1475 NE 125TH TERR.</b>	2.3 STREET ADDRESS	<b>1475 NE 125TH TERRACE</b>
CITY-ST-ZIP	<b>N. MIAMI FL 33161</b>	2.4 CITY-ST-ZIP	<b>NO. MIAMI FI 33161</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BODNER, MARY</b>	3.2 NAME	<b>EDGREN, SALLY</b>
STREET ADDRESS	<b>1475 NE 125 TERR 114</b>	3.3 STREET ADDRESS	<b>1475 NE 125 TERRACE</b>
CITY-ST-ZIP	<b>NO MIAMI FL 33161</b>	3.4 CITY-ST-ZIP	<b>NO. MIAMI FI 33161</b>
TITLE	<b>VTD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDLIN, DAN</b>	4.2 NAME	<b>KRUGMAN, BETTY</b>
STREET ADDRESS	<b>1475 NE 125TH TERR.</b>	4.3 STREET ADDRESS	<b>1475 NE 125TH TERRACE</b>
CITY-ST-ZIP	<b>N. MIAMI FL</b>	4.4 CITY-ST-ZIP	<b>NO MIAMI FL 33161</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZDAN, JEAN</b>	5.2 NAME	
STREET ADDRESS	<b>1475 NE 125TH TERR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVANOFF, CATHRYN</b>	6.2 NAME	
STREET ADDRESS	<b>1475 N.E. 125 TERRACE - #605</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NO. MIAMI FL 33161</b>	6.4 CITY-ST-ZIP	

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]* 4-15-96 892-0588 DATE Daytime Phone #

CR2E037 (12/95)