

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$389)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 JUN 29 AM 8:24

**DOCUMENT # 715112 (9)**

1. Corporation Name  
**BUCKLEY TOWERS CONDOMINIUM, INC.**

Principal Place of Business Mailing Address  
**1321 MIAMI GARDENS DRIVE MIAMI FL 33179**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/14/1968</b>	3a. Date of Last Report <b>05/19/1994</b>
4. FEI Number <b>59-1223878</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 100.030, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. <b>SAME</b>	26. <b>same</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**HIRSCH, ELLEN G, ESQUIRE  
 C/O BECKER & POLIAKOFF, P.A.  
 3111 STIRUNG RD  
 FT LAUDERDALE FL 33312**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSSELLI, ROBERT
STREET ADDRESS	1301 NE MIAMI GARDENS DR, APT. 1624W
CITY - ST - ZIP	N MIAMI BCH FL 33179
TITLE	VD
NAME	SPITZER, SAN
STREET ADDRESS	1301 NE MIAMI GARDENS DR #1725W
CITY - ST - ZIP	N MIAMI BCH FL 33179
TITLE	VD
NAME	ANASTASID, PAT
STREET ADDRESS	1351 NE MIAMI GARDENS DR #1202E
CITY - ST - ZIP	N MIAMI BCH FL 33179
TITLE	TD
NAME	LAMBORGHINI, CHARLES
STREET ADDRESS	1301 NE MIAMI GARDENS, DR., #423W
CITY - ST - ZIP	NO MIAMI BCH FL 33179
TITLE	SD
NAME	WEINBERGER, MARCIA
STREET ADDRESS	1351 NE MIAMI GARDENS DR #316E
CITY - ST - ZIP	N MIAMI BCH FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<b>ADD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	<b>ALPER, MATTHEW</b>	
13. STREET ADDRESS	<b>1301 NE MIAMI GARDENS DR APT #1526W</b>	
14. CITY - ST - ZIP	<b>NORTH MIAMI BEACH FL 33179</b>	
21. TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	<b>BARNES, DORIS</b>	
23. STREET ADDRESS	<b>1301 NE MIAMI GARDENS DR #1706W</b>	
24. CITY - ST - ZIP	<b>NORTH MIAMI BEACH FL 33179</b>	
31. TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	<b>BORONAT, MARITZA</b>	
33. STREET ADDRESS	<b>1351 NE MIAMI GARDENS DR #1710E</b>	
34. CITY - ST - ZIP	<b>NORTH MIAMI BEACH FL 33179</b>	
41. TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	<b>SPITZER, JAN M.</b>	
43. STREET ADDRESS	<b>1301 N.E. MIAMI GARDENS DR. #1725W</b>	
44. CITY - ST - ZIP	<b>NORTH MIAMI BEACH FL 33179</b>	
51. TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	<b>COHEN, JOY</b>	
53. STREET ADDRESS	<b>1301 N.E. MIAMI GOWS DR #1205W</b>	
54. CITY - ST - ZIP	<b>NORTH MIAMI BEACH FL 33179</b>	
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. 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 110.07(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: JAN M. SPITZER **JAN M. SPITZER** 6/8/95 (305) 949-7266  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

CR2E037 (3/95)