

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **715112** (9)

1. Corporation Name

BUCKLEY TOWERS CONDOMINIUM, INC.

700001777777
-04/12/96--01011--026
***61.25



Principal Place of Business

Mailing Address

1321 MIAMI GARDENS DRIVE
MIAMI FL 33179

1321 MIAMI GARDENS DRIVE
MIAMI FL 33179

3. Date Incorporated or Qualified
08/14/1968

3a. Date of Last Report
06/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-1223878

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ALPER, MATTHEW	
STREET ADDRESS	1301 NE MIAMI GARDENS DR, APT. 1624W	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BARNES, DORIS	
STREET ADDRESS	1301 NE MIAMI GARDENS DR #1725W	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BORONAT, MARITZA	
STREET ADDRESS	1351 NE MIAMI GARDENS DR #1202E	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SPITZER, JAN M	
STREET ADDRESS	1301 NE MIAMI GARDENS, DR., #423W	
CITY-ST-ZIP	NO MIAMI BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, JOY	
STREET ADDRESS	1351 NE MIAMI GARDENS DR #316E	
CITY-ST-ZIP	N MIAMI BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PRESIDENT PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARITZA BORONAT	
1.3 STREET ADDRESS	1351 NE MIAMI GARDENS DR. APT.1715 E	
1.4 CITY-ST-ZIP	MIAMI FLORIDA 33179	
2.1 TITLE	1ST VICE-PRESIDENT VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARC UFFNER	
2.3 STREET ADDRESS	1351 NE MIAMI GARDENS DR. APT.1725 E	
2.4 CITY-ST-ZIP	MIAMI FLORIDA 33179	
3.1 TITLE	SECOND VICE-PRESIDENT VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DORIS BARNES	
3.3 STREET ADDRESS	1301 NE MIAMI GARDENS DR. APT. 1706 W	
3.4 CITY-ST-ZIP	MIAMI FLORIDA 33179	
4.1 TITLE	TREASURER TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HANNAH WEINZOFF	
4.3 STREET ADDRESS	1301 NE MIAMI GARDENS DR. APT. 716 W	
4.4 CITY-ST-ZIP	MIAMI FLORIDA 33179	
5.1 TITLE	SECRETARY SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOYCE ROSENFELD	
5.3 STREET ADDRESS	1301 NE MIAMI GARDENS DR. APT. 602 W	
5.4 CITY-ST-ZIP	MIAMI FLORIDA 33179	
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 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARITZA BORONAT - PRESIDENT

3/21/96 305-949-7246

Daytime Phone #
5G-61-11-96

CR2E037 (12/95)