

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 715112 (9)**  
1. Corporation Name  
**BUCKLEY TOWERS CONDOMINIUM, INC.**



Principal Place of Business <b>1321 MIAMI GARDENS DRIVE MIAMI FL 33179</b>	Mailing Address <b>1321 MIAMI GARDENS DRIVE MIAMI FL 33179-4705</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>08/14/1968</b>	3a. Date of Last Report <b>04/11/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-1223878</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	25	29	30
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	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD BORONAT, MARITZA <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORONAT, MARITZA	1.2 NAME	1301 NE MIAMI GDN.S. DR. APT. 1715E
STREET ADDRESS	1301 NE MIAMI GARDENS DR, APT. 1715E	1.3 STREET ADDRESS	N. MIAMI BCH, FL.
CITY-ST-ZIP	N MIAMI BCH FL	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	ARMAND AMAR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UFFNER, MARC	2.2 NAME	1301 NE MIAMI GDN.S. DR. 1002W
STREET ADDRESS	1301 NE MIAMI GARDENS DR #1725E	2.3 STREET ADDRESS	NO MIAMI BCH. FL.
CITY-ST-ZIP	N MIAMI BCH FL	2.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	JOYCE ROSENFELD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, DORIS	3.2 NAME	1301 NE MIAMI GDN.S. DR. 602W
STREET ADDRESS	1351 NE MIAMI GARDENS DR #11706W	3.3 STREET ADDRESS	NO. MIAMI BCH, FL.
CITY-ST-ZIP	N MIAMI BCH FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	WGINZOFF, HANNAH <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINZOFF, HANNAH	4.2 NAME	1301 NE MIAMI GDN.S. DR. 716W
STREET ADDRESS	1301 NE MIAMI GARDENS, DR., #716W	4.3 STREET ADDRESS	N. MIAMI BCH, FL.
CITY-ST-ZIP	NO MIAMI BCH FL	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	BERNICE STEIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENFELD, JOYCE	5.2 NAME	1301 NE MIAMI GDN.S. DR. 1H1W
STREET ADDRESS	1351 NE MIAMI GARDENS DR #602W	5.3 STREET ADDRESS	NO MIAMI BCH. FL.
CITY-ST-ZIP	N MIAMI BCH. FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 in an attachment with an address.

SIGNATURE *Maritza Boronat* 1/7/97

CR2E037 (9/96)