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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 715112 (9)
1. Corporation Name
BUCKLEY TOWERS CONDOMINIUM, INC.



Principal Place of Business Mailing Address
1321 MIAMI GARDENS DRIVE MIAMI FL 33179
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3. Date Incorporated or Qualified
08/14/1968

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21. Sulte, Apt. #, etc. 26. Sulte, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent
HIRSCH, ELLEN G, ESQUIRE
C/O BECKER & POLIAKOFF, P.A.
3111 STIRLING RD
FT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number)
83. City
84. City
85. Zip Code
SUNRA MANAGEMENT SERVICES, INC.
4000 N. STATE RD. 7, STE. 408A
LAUDERDALE LAKES, FL 33319
FL

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: *Ellen G. Hirsch* DATE: 3/26/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BORONAT, MARITZA	
STREET ADDRESS	1301 NE MIAMI GARDENS DR, APT. 1715E	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	AMAR, ARMAND	
STREET ADDRESS	1301 N.E. MIAMI GARDENS DR., #1002W	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROSENFELD, JOYCE	
STREET ADDRESS	1301 N.E. MIAMI GARDENS DR., #602W	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WEINZOFF, HANNAH	
STREET ADDRESS	1301 NE MIAMI GARDENS, DR., #716W	
CITY-ST-ZIP	NO MIAMI BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ROSENFELD, JOYCE	
STREET ADDRESS	1301 N.E. MIAMI GARDENS DR., #PH1W	
CITY-ST-ZIP	N MIAMI BCH. FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HENRY CASADO	
1.3 STREET ADDRESS	1301 NE MIAMI GARDENS DR. #221 WEST TOWER	
1.4 CITY-ST-ZIP	N.M.B. FL 33179	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Maria Gallo	
2.3 STREET ADDRESS	1351 N.E. MIAMI GARDENS DR. #1221 EAST	
2.4 CITY-ST-ZIP	N.M.B. FL 33179	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MR. GYULA RÖDER	
3.3 STREET ADDRESS	1351 NE MIAMI GARDENS DR. #1414 EAST	
3.4 CITY-ST-ZIP		
4.1 TITLE	SECT'Y	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Joy COHEN	
4.3 STREET ADDRESS	1351 NE MIAMI GARDENS DR. #1205 WEST	
4.4 CITY-ST-ZIP	N.M.B., FL 33179	
5.1 TITLE	TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	EUGENE LA RUSSO	
5.3 STREET ADDRESS	1351 NE MIAMI GARDENS DR. #521 EAST	
5.4 CITY-ST-ZIP	N.M.B., FL 33179	
6.1 TITLE	TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Margha Weinberger	
6.3 STREET ADDRESS	1351 N.E. MIAMI GARDENS DR. #316E	
6.4 CITY-ST-ZIP	N.M.B. FL 33179	

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.

SIGNATURE: *Maria G. Gallo* 1st VP 3-12-98

CR2E037 (10/97)