FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

719128

(1)

CONDOMINIUM ASSOCIATION INC.	OF	PARKER	PLAZA	ESTATES	,
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Principal Place of Business Mailing Address			- 1 1001/1 14001 11010 18101 11010 11010 11011 01011 01011 01011 01011 01011 01011 01011 01011						
2030 SOUTH	OCEAN DRIVE	2030 SOUTH OCEAN D	RIVE						
HALLANDALE	FL 33009	HALLANDALE FL 33009							
						3. Date Incorporated or Qualified 08/13/1970		ate of La 03/29/	st Report /1995
	ace of Business	2a. Mailing Address			-	4. FEI Number			Applied For
21		26				59-1305454			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	75 Additional
City & State		City & State			 		<u> </u>		e Required
23	•	28				Election Campaign Financing That Fund Captalladian			.00 May Be
Zip	Country	Zip	Co	untry		Trust Fund Contribution 8. This corporation has liability for			ded to Fees
24	25	29	30				Titangioieta ☐ Yes ☐		8. 199.032,
	9. Name and Address of Curren	t Registered Agent	_[1	I		10. Name and Address of New F			
				61	Name				
Weber,	DOROTHY			62	Street Ad	ddress (P.O. Box Number is Not Acceptat	yle)		
2030 S	ocean drive								
HALLAN	DALE FL 33009			63					
				84	City			85	Zip Code
					•		<u> </u>	.	•
i or register	eo agent, or both, in the State of Flond	ia. Such change was authorizi	ed by the	ove-na como	amed corp viation's bo	poration submits this statement for the public and of directors. I hereby accept the app	pose of cha	inging Its	s registered office
familiar wi	th, and accept the obligations of, Secti	on 617.0503, Florida Statutes	i.			yard of all objects the app	OI KITIOTIC GO	10gistore	oc agoni. Tam
SIGNATURE	Signature, typed or printed name of registered agent								
12.	Signature, typed or printed name of registered agent OFFICERS AND	1.1)TE: Registere 13.		signature requi	ired when reinstating) ADDITIONS/CHANGES TO OF	DATE	DIDEO	TODO IN 10
TIFLE	PD	DELETE	111			ADDITIONS/CHANGES TO OFF		Change	
NAME	PINKUS, DONALD	_		IAME					5
SIREE1 ADDRESS	2030 S OCEAN DR., #2115				ADDRESS				
CITY-ST-ZIP	HALLANDALE FL		- 1	HTY-ST					
TITLE	VD	DELETE	211		-211			Change	e Addition
NAME	WEBER, DOROTHY		4	IAME			•	y	
STREET ADDRESS	2030 S OCEAN DR., #624				ADDRESS				
CHY-ST-ZIP	HALLANDALE FL			CITY-SI					
THTLE	TD	DELETE	3.1 T				1	Change	e 🔲 Addition
NAME	BACH, SALLY		321	IAME					
STREET ADDRESS	2030 S OCEAN DR., #1506		335	TREET A	ADDRESS				
CITY-ST-ZIP	HALLANDALE FL		34.1	CITY-S1	T-ZIP				
TITLE	SD	DELETE	4.1 T				[Change	e 🔲 Addition
NAME	HARNICK, MARTIN		4.21	NAME					
STREET ADDRESS	2030 S. OCEAN DR. #1408		4.3 S	TREET A	ADDRESS				
CITY-ST-ZIP	HALLANDALE,FL'		4.4 0	HTY-ST	-ZIP				
TITLE		DELETE	5.1 T	ITLE				Change	e 🔲 Addition
NAME			5.2 N	IAME					
STREET ADDRESS			5.3 S	TREET A	ADDRESS				
CHTY-ST-ZIP			540	ITY-ST	-ZIP				
TITLE		DELETE	6.1 T	ITLE			(Change	e 🔲 Addition
NAME			6.2 N	IAME					
STREET ADDRESS			6.3 S	TREET A	address				
CITY - ST - ZIP			640	TY-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 ardress.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF