## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mogtham

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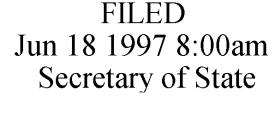
Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

719128

(1)

CONDOMINIUM ASSOCIATION OF PARKER PLAZA ESTATES



INC.				
Principal Place	e of Business	Mailing Address		T KREATH I DOUBL THAN TOLDE FALLE THOSE HALL STORE HALL BY BY BY OLD IT BY BY BUT BY BY BUT BY
2030 SOUTH OCEAN DRIVE HALLANDALE FL 33009		2030 SOUTH OCEAN DRIVE HALLANDALE FL 33009-6649		•
				3. Date Incorporated or Qualified 08/13/1970 3a. Date of Last Report 01/31/1996
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number Applied For 59-1305454 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
23 28		28		Trust Fund Contribution Added to Fees
Zip 24	' Country	Zip 30	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
241	9. Name and Address of Current		<u> </u>	10. Name and Address of New Registered Agent
MON		<u> </u>	81 Name	
Managerent Ottice			GIG D. SAVAGE, P.A.	
2030 S OCEAN DRIVE				N.E. 167TH ST. SUITE 302A
HALLANDALE FL 33009			83 NOR	TH MIAMI BEACH, FLA 33162
			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 an file 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.				
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.				
SIGNATURE 6/5/9)				
12.	Signature, typed or printed in a 1 egystered ligen OFFICERS AND	「内容」を表現を DIRECTORS	egistered Agent signature	re required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 DILE	PD X Change Addition
NAME	PINKUS, DONALD		1.2 NAME	BORIS MOROZ
STREET ADDRESS	2030 S OCEAN DR., #2115		1.3 STREET ADDRESS	10070
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-ST-ZIP	HALLANDALE, FLORIDA 33009
TITLE	VD	<b>₩</b> DELETE	2.1 TITLE	VP Change Addition
NAME	WEBER, DOROTHY	,	2.2 NAME	JOSEPH GREENBERG
STREET ADDRESS	2030 S OCEAN DR., #624		2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL	_	2. 4 CITY-ST-ZIP	2000 SOUTH OCEAN DRIVE WYOS
TITLE	TD	DELETE	3.1 TITLE	TD Change Addition
NAME	BACH, SALLY		3.2 NAME	HARRY BECK
STREET ADORESS	2030 S OCEAN DR., #1506		3.3 STREET ADDRESS	2030 SOUTH OCEAN DRIVE - 41818
CITY-ST-ZIP	HALLANDALE FL		3.4. CITY- ST- ZIP	2030 ANBRIE, OFEARIBRIV530#9818
TITLE	SD	DELETE	4.1 TITLE	SD \( \textstyle \text{Change} \) Addition
NAME	HARNICK, MARTIN		4.2 NAME	
STREET ADDRESS	2030 S. OCEAN DR. #1408		4 3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE,FL'		4.4 CITY - ST - ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP		T AFLEYS	5.4 CITY - ST - ZIP	
TITLE		DELETE	6.1 TITLE	Change 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 filling 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.

CIONATURE.

DICTION ON AND ON WHEEL BOOK WAS

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(054) 458-3620