

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moxham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 719128 (1)**  
1. Corporation Name  
**CONDOMINIUM ASSOCIATION OF PARKER PLAZA ESTATES, INC.**



Principal Place of Business <b>2030 SOUTH OCEAN DRIVE HALLANDALE FL 33009</b>	Mailing Address <b>2030 SOUTH OCEAN DRIVE HALLANDALE FL 33009-6649</b>
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3. Date Incorporated or Qualified <b>08/13/1970</b>	3a. Date of Last Report <b>01/31/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-1305454</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**management office  
WEBER, DOROTHY  
2030 S OCEAN DRIVE  
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent  
81 Name  
**CRAIG D. SAVAGE, P.A.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**801 N.E. 167TH ST. SUITE 302A**  
83  
**NORTH 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, 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 Craig D. Savage (NOTE: Registered Agent signature required when re-stating) DATE 6/5/97

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input checked="" type="checkbox"/>
NAME	PINKUS, DONALD	
STREET ADDRESS	2030 S OCEAN DR., #2115	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	WEBER, DOROTHY	
STREET ADDRESS	2030 S OCEAN DR., #624	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	BACH, SALLY	
STREET ADDRESS	2030 S OCEAN DR., #1508	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	SD	<input type="checkbox"/>
NAME	HARNICK, MARTIN	
STREET ADDRESS	2030 S. OCEAN DR. #1408	
CITY-ST-ZIP	HALLANDALE, FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	BORIS MOROZ		
1.3 STREET ADDRESS	2030 SOUTH OCEAN DRIVE #1709		
1.4 CITY-ST-ZIP	HALLANDALE, FLORIDA 33009		
2.1 TITLE	VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	JOSEPH GREENBERG		
2.3 STREET ADDRESS	2030 SOUTH OCEAN DRIVE #709		
2.4 CITY-ST-ZIP			
3.1 TITLE	TD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	HARRY BECK		
3.3 STREET ADDRESS	2030 SOUTH OCEAN DRIVE #1818		
3.4 CITY-ST-ZIP	HALLANDALE, FLORIDA 33009		
4.1 TITLE	SD	<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 on an attachment with an address.

SIGNATURE Boris Moroz DATE 5/1/97 (954) 458-3626

CR2E037 (9/96)