


FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90122 029 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 719669

1. Corporation Name
HOME CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2100 -2150 SANS SOUCI BLVD NO MIAMI FL 33181 US	Mailing Address 2150 SAN SOUCI BLVD. BOX 9057 NORTH MIAMI FL 33181 US
--	---



2. Principal Place of Business 21 2100-2150 Sans Souci Blvd. Suite, Apt. #, etc.	2a. Mailing Address Same	3. Date Incorporated or Qualified 11/10/1970
22 City & State 23 No. Miami, Fl.	27 Office 28 Same	4. FEI Number 59-1350690
24 Zip 33181	25 U.S.A.	29 Same
26 Country	30 Same	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
29 Same		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent BECKER, POLIAKOFF & STREITFELD, P.A. 3111 STIRLING ROAD. BOX 9057 FT. LAUDERDALE FL 33312-3525	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PO	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIGEREDO, BEGA		1.2 NAME Abe Simberg	
STREET ADDRESS 2100 SANS SOUCI BLVD., #1005-S		1.3 STREET ADDRESS 2100 Sans Souci Blvd. # 1204-S	
CITY-ST-ZIP N MIAMI FL		1.4 CITY-ST-ZIP No. Miami, Fl. 33181	
TITLE DVP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2nd VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIMBERG, ABE		2.2 NAME Arnold Patt	
STREET ADDRESS 2100 SANS SOUCI BLVD SUITE 1204S		2.3 STREET ADDRESS 2100 Sans Souci Blvd. # 1502-S	
CITY-ST-ZIP N MIAMI FL 33181		2.4 CITY-ST-ZIP No. Miami, Fl. 33181	
TITLE DVP	<input type="checkbox"/> DELETE	3.1 TITLE 1st VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME URKOWITZ, FLORENCE		3.2 NAME Ladd Potisk	
STREET ADDRESS 2150 SANS SOUCI BLVD SUITE 1403-N		3.3 STREET ADDRESS 2150 Sans Souci Blvd. # 1405-N	
CITY-ST-ZIP N MIAMI FL 33181		3.4 CITY-ST-ZIP No. Miami, Fl. 33181	
TITLE T.	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 3rd VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROTH, HARRY		4.2 NAME Zeliq Blumberg	
STREET ADDRESS 2150 SANS SOUCI BLVD SUITE 1101 N		4.3 STREET ADDRESS 2150 Sans Souci Blvd. # 1406-N	
CITY-ST-ZIP N MIAMI FL 33181		4.4 CITY-ST-ZIP No. Miami, Fl. 33181	
TITLE Treas.	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEAVY, YALE		5.2 NAME	
STREET ADDRESS 2150 SANS SOUCI BLVD, #805		5.3 STREET ADDRESS	
CITY-ST-ZIP N MIAMI FL 33181		5.4 CITY-ST-ZIP	
TITLE X Sect.	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORDUCHAY, FLORENCE		6.2 NAME	
STREET ADDRESS 2150 SANS SOUCI BLVD, #1506		6.3 STREET ADDRESS	
CITY-ST-ZIP N MIAMI FL		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Abe Simberg* 2/15/99 (305) 893-2107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)