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

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

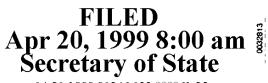
## **DOCUMENT # 719928**

1. Corporation Name

PLAZA DEL PRADO CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 18071 BISCAYNE BOULEVARD N MIAMI BEACH FL 33160 Mailing Address

18071 BISCAYNE BLD AVENTURA FL 33160



04-20-1999 90246 033 \*\*\*\*61.25



	lace of Business	26 Mailing Address			12/28/1970				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number Applied For			plied For		
22	27			59-1349416		·	No	t Applicable	
	City & State City & State			5. Certificate of Status Desired  \$8.75 Additi			dditional		
23	28			5. Certificate of Status Desired Fee Required				quired	
Zip	Country	Zip	Country	/	6. Election Campaign Fi	nancing	\$5.00	· .	
24	25	29 30	<u></u>		Trust Fund Contribution	on	Added t	o Fees	
	9. Name and Address of Current		10. Name and Address of New Registered Agent						
				81 Name					
HYMAN, MICHAEL L				82 Street Address (P.O. Box Number is Not Acceptable)					
150 W FLAGLER ST									
27TH FLOOR				83					
MIAMI FL 33130			84	84 City 85 Zip Code					
•				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									
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation storing this statement for the purpose of colleging the original statement of the purpose of changing in the statement of the purpose of the p									
SIGNATURES ( /W )									
	Signature, typed or printed name of registered agent a		gistered Age 13.	nt signature required	when reinstating) ADDITIONS/CHANGE	DA TO OFFICER	TE /	RS IN 12	
12.	OFFICERS AND	DIRECTORS  ** DELETE			ADDITIONS/CHANGE	·	Change	Addition	
πτLE	PD V	A DECEIE	1.1 TITLE	PD			[A] Onlingo		
NAME	FRLAN, ANTE	•	1.2 NAME	Fe	ldman, Manny			,	
STREET ADDRESS	18081 BISCAYNE BLVD	•		18	061 Biscayne	Blvd.	#401		
CITY-ST-ZIP	N. MIAMI BEACH FL	C) BELETT	1.4 CITY-5	T-ZIP AV	e <del>ntura, Fĺ.</del>	<del>33160</del>	- Change	Addition	
TITLE _	SD .	DELETE	2.1 TITLE	VP:	D		Moundo		
NAME	FELDMAN, L	•	2.2 NAME		rri Arnold				
STREET ADDRESS	1807.1 BISCAYNE BLVD		2.3 STREET ADDRESS 18 (		041 Biscayne	Blvd.	#705		
CITY-ST-ZIP			2.4 CITY-		entura, Fla.	<del>33160-</del>	Change	Addition	
TITLE	VPD	X.) DELETE	3.1 TITLE	TD			- Acuarilla		
NAME	INGBERG, ETHEL		3.2 NAME		bian Redler				
STREET ADDRESS	18021 BISCAYNE BLVD. #302			TADORESS 18	041 Biscayne	Blvd.	#701	ļ	
CITY-ST-ZIP	AVENTURA FL 33160	<b>∑</b> DELETE	3.4. CITY-		<u>entura, Fla.</u>	_33160_	Change	Addition	
TITLE	AS Morales, A	X) nereie	4.1 TITLE 4. 2 NAME	SD					
NAME		,	i .	h/C1	nee Dickman		• •		
STREET ADDRESS	18011 BISCAYNE BLVD. #1701				081 Biscayne		#604		
CITY-ST-ZIP	AVENTRUA FL 33160	₩ DELETE	4.4 CITY-1		<del>entura, Fla.</del>	<del>33130</del>	Change	Addition	
TITLE	SANDLER, ALVIN	X occur	5.7 INCE	ATI					
NAME STREET ADDRESS	18021 BISCAYNE BLVD #1002	•		Lu:	is Rivera		"= 0.4		
STREET ADDRESS	AVENTURA FL		5.4 CITY-		081 Biscayne entura. Fla	Blvd.	#501	,	
CITY-ST-ZIP TITLE	D	DELETE	6.1 TITLE	ASI		שפוננ	Change	☐ Addition	
NAME	FELDMAN, LYNN	. · · · · · · · · · · · · · · · · · · ·	6.2 NAME	1	vin Katzif	•			
STREET ADDRESS	ADDE SIGNAL DING MEDI		6.3 STREE			n13	4704		
STREET ADDRESS	N MIAMI REACH EI		6.4 CITY-	li O (	041 Biscayne	33160 BIVQ.	#/04		

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 suppliemental annual report is true and accurage 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, with all other like empowered.

SIGNATURE

SICHUM TOUTELLE ESTENDE GNATURE AND TYPED OR PRINTED NAME OF SJONING OFFICE PROPROME CONTROL 4/13/99.305.931:564-

CR2F037. (11/98