

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **721769** (8)

1. Corporation Name

**CONDOMINIUM ASSOCIATION OF PLAZA TOWERS NORTH, I  
NC.**



Principal Place of Business

Mailing Address

**1833 S. OCEAN DR.  
HALLANDALE FL 33009**

**1833 S. OCEAN DR.  
HALLANDALE FL 33009**

3. Date Incorporated or Qualified

**09/27/1971**

3a. Date of Last Report

**03/24/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**EMERICK, FUGEDY  
1800 S. OCEAN DR  
APT 1709  
HALLANDALE FL 33009**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EMERICK, FUGEDY	
STREET ADDRESS	1833 S. OCEAN DR.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HENRY, JACOBSON	
STREET ADDRESS	1833 S. OCEAN DR.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ALBERTA, TIRSCHWELL	
STREET ADDRESS	1833 S. OCEAN DR.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	SMT	<input type="checkbox"/> DELETE
NAME	YOUNG, SYLVIA	
STREET ADDRESS	1833 S. OCEAN DR.	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PETERSILE, IRVING	
STREET ADDRESS	1833 S OCEAN DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FISCHER, NORMAN	
STREET ADDRESS	1833 S OCEAN DR	
CITY-ST-ZIP	HALLANDALE FL	

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HAROLD LODGE	
1.3 STREET ADDRESS	1833 SO OCEAN DR	
1.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
2.1 TITLE	ELADYS SALZER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	1833 SO OCEAN DR	
2.3 STREET ADDRESS	HALLANDALE, FL 33009	
2.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
3.1 TITLE	LESTER ITANGLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	1833 SO OCEAN DR	
3.3 STREET ADDRESS	HALLANDALE, FL 33009	
3.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
4.1 TITLE	ED COOK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	1833 SO OCEAN DR	
4.3 STREET ADDRESS	HALLANDALE, FL 33009	
4.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
5.1 TITLE	LENE KATZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	1833 SO OCEAN DR	
5.3 STREET ADDRESS	HALLANDALE, FL 33009	
5.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-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 address.

SIGNATURE: *Sylvia B. Young* SYLVIA B. YOUNG Date: 7/31/96 Daytime Phone #: 954-458-6463

CR2E037 (12/95)