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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721769

1. Corporation Name

CONDOMINIUM ASSOCIATION OF PLAZA TOWERS NORTH, I NC.

437188 - 90045 - 1

Principal Place of Business	Mailing Address
1833 S. OCEAN DR. HALLANDALE FL 33009	1833 S. OCEAN DR. HALLANDALE FL 33009

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/27/1971	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1369379	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

NORMAN FISCHER, PRESIDENT
1833 S.OCEAN DR
APT. 209
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

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 SYLVIA B. YOUNG, TREAS. 4/21/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JIM FUGEDY	Board member	1.2 NAME		
STREET ADDRESS	1833 S. OCEAN DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-ST-ZIP		
TITLE	VPO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LODGE, HAROLD	1st V.P.	2.2 NAME		
STREET ADDRESS	133C		2.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RITA MEYER	Secretary	3.2 NAME		
STREET ADDRESS	1833 S. OCEAN DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, SYLVIA	Treasurer	4.2 NAME		
STREET ADDRESS	1833 S. OCEAN DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LESTER HANDLER	Board member	5.2 NAME		
STREET ADDRESS	1833 SO. OCEAN DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, FL.		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ROBERT CORSON	Board Member	6.2 NAME		
STREET ADDRESS	1833 SO. OCEAN DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	HALLANDALE, 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)(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, with all other like empowered.

SIGNATURE: (✓) SIGNATURE REQUIRED SYLVIA B. YOUNG, TREAS 4/9/99 954-458-0488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)