# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 02, 2005 8:00 am**
**Secretary of State**
05-02-2005 90981 033 ****61.25

DOCUMENT # 721769

1. Entity Name
CONDOMINIUM ASSOCIATION OF PLAZA TOWERS NORTH, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1833 S. OCEAN DR.<br>HALLANDALE, FL 33009 | 1833 S. OCEAN DR.<br>HALLANDALE, FL 33009 |

04262005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-1369379 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| PETERSILE, ISABORE<br>1833 SOUTH OCEAN DRIVE<br>APT 309<br>HALLANDALE BEACH, FL 33009 | Name GLORIA STRUTHERS<br>Street Address (P.O. Box Number is Not Acceptable) 1833 So OCEAN DR #802<br>City HALLANDALE BEACH FL Zip Code 33009 |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] Pres. GLORIA STRUTHERS PRES DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

~~Filing Fee: $61.25~~ ~~Due by May 1, 2005~~

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE | D | ☑ Delete | TITLE | P | ☐ Change ☑ Addition |
| NAME | YOUNG, SYLVIA | | NAME | GLORIA STRUTHERS | |
| STREET ADDRESS | 1833 SOUTH OCEAN DRIVE #1012 | | STREET ADDRESS | 1833 So OCEAN DR #802 | |
| CITY-ST-ZIP | HALLANDALE BEACH, FL 33009 | | CITY-ST-ZIP | HALL. BEACH, FL 33009 | |
| TITLE | 1VPD | ☐ Delete | TITLE | 3RD V PD | ☑ Change ☐ Addition |
| NAME | FALASCA, JOSEPH | | NAME | | |
| STREET ADDRESS | 1833 S. OCEAN AVE. | | STREET ADDRESS | | |
| CITY-ST-ZIP | HALLANDALE BEACH, FL 33009 | | CITY-ST-ZIP | | |
| TITLE | 2VP | ☑ Delete | TITLE | 1 VPD | ☐ Change ☑ Addition |
| NAME | MARCHESE, NICK | | NAME | ARTHUR FORMAN | |
| STREET ADDRESS | 1833 SOUTH OCEAN DRIVE #508 | | STREET ADDRESS | 1833 So OCEAN DR #PH1 | |
| CITY-ST-ZIP | HALLANDALE BEACH, FL 33009 | | CITY-ST-ZIP | HALL BEACH, FL 33009 | |
| TITLE | D | ☑ Delete | TITLE | 2 VP | ☐ Change ☑ Addition |
| NAME | MORALES, ELIZABETH | | NAME | LEON OKSENSTEIN | |
| STREET ADDRESS | 1833 S. OCEAN DR., APT. 1503 | | STREET ADDRESS | 1833 S. Ocean DR #1203 | |
| CITY-ST-ZIP | HALLANDALE BEACH, FL 33009 | | CITY-ST-ZIP | Hall Beach, FL 33009 | |
| TITLE | 3VP | ☐ Delete | TITLE | D | ☑ Change ☐ Addition |
| NAME | PORTNOY, MICHAEL | | NAME | | |
| STREET ADDRESS | 1833 SO. OCEAN DR. APT. 604 | | STREET ADDRESS | | |
| CITY-ST-ZIP | HALLANDALE BEACH, FL 33009 | | CITY-ST-ZIP | | |
| TITLE | P | ☑ Delete | TITLE | T | ☐ Change ☑ Addition |
| NAME | PETERSILE, ISADORE | | NAME | MATILDA GELLER | |
| STREET ADDRESS | 1833 S. OCEAN DR. APT 309 | | STREET ADDRESS | 1833 So OCEAN DR #702 | |
| CITY-ST-ZIP | HALLANDALE BEACH, FL 33009 | | CITY-ST-ZIP | HALLANDALE BEACH, FL 33009 | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** [signature] Pres. 4/28/2005 9545805[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GLORIA STRUTHERS PRES