

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 2: 12

DOCUMENT # 729814 (4)

1. Corporation Name
CENTER COURT CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O BENCHMARK PROPERTY MANAGEMENT 7932 WILES ROAD
CORAL SPRINGS FL 33067 C/O BENCHMARK PROPERTY MANAGEMENT
7932 WILES ROAD
CORAL SPRINGS FL 33067

3. Date Incorporated or Qualified 05/31/1974 3a. Date of Last Report 04/06/1994
4. FEI Number 59-2290680 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
KAYE & ROGER, P.A.,
800 EAST CYPRESS CREEK ROAD
SUITE 400
FT. LAUDERDALE FL 33334

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0505, 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	
TITLE	P
NAME	BYRNE, JOHN
STREET ADDRESS	3168 NW 88TH AVE #C902
CITY-ST-ZIP	SUNRISE FL
TITLE	V/D
NAME	LEVINE, MAE
STREET ADDRESS	3234 NW 77TH ST. #B501
CITY-ST-ZIP	SUNRISE FL
TITLE	SD
NAME	BASIL, NOBEL
STREET ADDRESS	3142 N.W. 88TH AVE.
CITY-ST-ZIP	SUNRISE FL 33351
TITLE	TD
NAME	ELLEN POLLACK
STREET ADDRESS	3280 N.W. 88TH AVE. #B202
CITY-ST-ZIP	SUNRISE FL 33351
TITLE	D
NAME	STEVEN BURGESS
STREET ADDRESS	3212 N.W. 88TH AVE. #A603
CITY-ST-ZIP	SUNRISE FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mae Levine
1.3 STREET ADDRESS	3234 N. W. 88th Ave. #B501
1.4 CITY-ST-ZIP	Sunrise, FL 33351
2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Steven Burgess
2.3 STREET ADDRESS	3212 N. W. 88th Ave.
2.4 CITY-ST-ZIP	Sunrise, FL 33351
3.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Cynthia Byrne
3.3 STREET ADDRESS	3168 N. W. 88th Ave. #C902
3.4 CITY-ST-ZIP	Sunrise, FL 33351
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dominick Biensz
4.3 STREET ADDRESS	3170 N. W. 88th Ave.
4.4 CITY-ST-ZIP	Sunrise, FL 33351
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 118.07(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: Mae Levine 3-15-95 905-344-5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR