FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #

729814

(4)

CENTER COURT CONDOMINIUM ASSOCIATION, INC.

	02														
Principal Place of Business Mailing Address														6/8/1 01011 (80)	
C/O BENCHMARK PROPERTY MANAGEMENT 7932 WILES ROAD 7932 WILES ROAD CORAL SPRINGS FL 33067 7532 WILES ROAD CORAL SPRINGS FL 33067										T		T - 2			
											3. Date Incorporated or Qualified 05/31/1974	3a. Date o	/20/1	•	
-	Principal Pla	ace of Busine	ISS		<u> </u>	2a. Mailing Address					4. FEI Number	Applied For			
21						26					59-2290680 Not Applicable				
22	Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired Security Securi				
23	City & State				28	Crty & State					6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
<u> </u>	Zφ			ntry					Country		8. This corporation has liability for inta			199.032,	
24 25 9. Name and Address of Curren					29	-1					Florida Statutes Yes No 10. Name and Address of New Registered Agent				
-		9. Name	and Add	aress of Curre	nt Hegi	stereo Agent	-	81	Nam		10. Name and Address of New Heg	isteteo Ağe	ent		
										U					
KAYE & ROGER,P.A.,								82	Stree	et Addres	ss (P.O. Box Number is Not Acceptable)				
800 EAST CYPRESS CREEK ROAD SUITE 400								83							
		DERDALE	FL 3333	34				84	City				15 Žip	Code	
<u> </u>									-			FL	- I '		
11. Pursuant to the provisions of Sections 617,0802 and 617,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered 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 a familiar with, and accept the obligations of Bection 617,0503, Florida Statutes.														egistered office agent. I am	
S	GNATURE _	Signature typed	tu-	the of red Secret ager	Land title if	r. Familiakilo ((NOTE: Fig	mistured Ager	l Sanatur	ne recurined w	vice ienstategi	14/96			
								13.	0 5 14	3 3 4 2 3 3 1	ADDITIONS/CHANGES TO OFFICE	HS AND DI	RECTO	RS IN 12	
TIT	LE	P				DELETE		1 1 THE		Ţ			hange	Addition	
NA	ME .	LEVINE	MAE					1.2 NAME							
Sī	STREET ADDRESS 3234 N.W. 88TH AVENUE, #1					3501			STREET ADDRESS						
CI	TY-ST-ZIP	SUNRIS	E FL					14 CITY - S	T-ZIP						
TH	ILE	VD				DELETE		2 1 TITLE		V		EX (0	hange	Addition	
NA.	IM E	BURGE						2.2 NAME			omiinick Bienz				
	3212 N.W. 88TH AVENUE							23STREET		s 3	170 N. W. 88th Avenue	₽			
	TY-ST-ZIP	SUNRIS	E FL			₩		2 4 CITY - 5	1 - ZIP		unrise, FL _33351	\$7 ('hanaa	Addition	
ł	ILE I	TD	OWNER	H.A.		DELETE		3 1 TITLE 3 2 NAME			/D teven Burgess		Change	□] Mudition	
l	RFET ADDRESS	BYRNE,		1114 H avenue, 1	KC000			3.3 STREET	ADDB S		212 N. W. 88th Ave.				
l	TY-ST-ZIP	SUNRIS		n Avenue, i	FU9UZ			3.4 CITY-3			unrise, FL 33351				
	ILE	D D	<u> </u>			DELETE		4.1 TITLE			//D		hange	Addition	
N/A	NME	BIENZ,	DOMINI	CK				4. 2 NAME			iana Moore			_	
ST	REET ADDRESS			H AVENUE				4.3 STREET	ADDRES:		220 N. W. 88th Avenue	e			
l	TY-ST-ZIP	SUNRIS						4.4 C(TY - S	T-7IP		unrise, FL 33351				
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N.A	AME	STEVEN	I BURG	ESS,				5 2 NAME		М	ariella Dela Torre				
SI	REET ADDRESS			H AVE. #A60	3		1	5.3 STREET	ADDRES	s 3	156 N. W. 88th Avenue	9			
CF	TY-ST-ZIP	SUNRIS						5.4 CITY - S	T-21P	S	unrise, FL 33351	-			
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N/	AME .							6.2 NAME			-04/04/960108	0017			
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CI	TY-ST-ZIP	. nortif i blo - 4	the lafe-	mation complicat	sadely als:	e filipe in voluntarili : f	urojebe	64 CiTY-S		u jaliku for	the exemption stated in Section 119.07	19/fb) Florida	Statut	ac I further	

. I do nereby 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 x changed, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96 Date/96

Dardinus Phone 8

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