

FILE NOW: FILING FEE IS \$61.25

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Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 729814 (4)
1. Corporation Name
CENTER COURT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business C/O BENCHMARK PROPERTY MANAGEMENT 7832 WILES ROAD CORAL SPRINGS FL 33067	Mailing Address C/O BENCHMARK PROPERTY MANAGEMENT 7932 WILES ROAD CORAL SPRINGS FL 33067-2071
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3. Date Incorporated or Qualified 05/31/1974	3a. Date of Last Report 04/04/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-2290680	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Kaye & Roger, P.A.
82 Street Address (P.O. Box Number is Not Acceptable) 6261 N. W. 6th Way
83 Suite 103
84 City Ft. Lauderdale
85 Zip Code FL 33309

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE P	<input checked="" type="checkbox"/> DELETE
NAME LEVINE, MAE	
STREET ADDRESS 3234 N.W. 88TH AVENUE, #B501	
CITY-ST-ZIP SUNRISE FL	
TITLE SD	<input type="checkbox"/> DELETE
NAME BURGESS, STEVEN	
STREET ADDRESS 3212 N.W. 88TH AVENUE	
CITY-ST-ZIP SUNRISE FL 33351	
TITLE TD	<input type="checkbox"/> DELETE
NAME MOORE, DIANA	
STREET ADDRESS 3220 N. W. 88TH AVENUE #C902	
CITY-ST-ZIP SUNRISE FL 33351	
TITLE V	<input checked="" type="checkbox"/> DELETE
NAME BIENZ, DOMINICK	
STREET ADDRESS 3170 N.W. 88TH AVENUE	
CITY-ST-ZIP SUNRISE FL 33351	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME DELA TORRE, MARIELLA	
STREET ADDRESS 3156 N. W. 88TH AVENUE	
CITY-ST-ZIP SUNRISE FL 33351	
TITLE	<input type="checkbox"/> DELETE
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 Diana Moore	
1.3 STREET ADDRESS 3220 N. W. 88th Ave. #B508	
1.4 CITY-ST-ZIP Sunrise, FL 33351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Matthew Organ	
2.3 STREET ADDRESS 3258 N. W. 88th Ave. #B406	
2.4 CITY-ST-ZIP Sunrise, FL 33351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Jorge Alvarez	
3.3 STREET ADDRESS 3196 N. W. 88th Ave. #A610	
3.4 CITY-ST-ZIP Sunrise, FL 33351	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Andrew Nowak	
4.3 STREET ADDRESS 3162 N. W. 88th Ave. #B905	
4.4 CITY-ST-ZIP Sunrise, FL 33351	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 100002092391	
6.4 CITY-ST-ZIP -02/19/97--01081--05A 2-A	

14. I do 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.

SIGNATURE *Dominick Bienz* 2-10-97

CR2E037 (9/96)