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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730279

1. Corporation Name
EMBASSY CONDOMINIUM APARTMENTS ASSOCIATION, INC.

Principal Place of Business 1475 SE 15TH ST. #207 FT. LAUDERDALE FL 33316	Mailing Address 1475 SE 15TH ST. #207 FT. LAUDERDALE FL 33316
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2. Principal Place of Business 21 1475 S.E. 15th. ST.	2a. Mailing Address 26 1475 S.E. 15th. ST.	3. Date Incorporated or Qualified 07/24/1974
Suite, Apt. #, etc. 22 APT. 207	Suite, Apt. #, etc. 27 APT. 207	4. FEI Number 59-2262882
City & State 23 FT. LAUDERDALE FL.	City & State 28 FT. LAUDERDALE FL.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country 24 33316 25 U.S.A	Zip Country 29 33316 30 U.S.A	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent REWA, GREGORY 1475 SE 15TH ST. #207 FT. LAUDERDALE FL 33316		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: *Gregory Rewa* **GREGORY REWA PRES. 1-11-99**
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	NAME REWA, GREGORY	1.1 TITLE PD	NAME GREGORY REWA
STREET ADDRESS 1475 SE 15TH ST, #207	CITY-ST-ZIP FT. LAUDERDALE FL	1.2 NAME	1.3 STREET ADDRESS 1475 S.E. 15th ST. APT. 207
		1.4 CITY-ST-ZIP FT. LAUDERDALE FL. 33316	
TITLE D	NAME SAYLOR, LARRY	2.1 TITLE SD	NAME FRANK PAGLIARO
STREET ADDRESS 1475 S.E. 15TH ST., #217	CITY-ST-ZIP FT. LAUDERDALE FL	2.2 NAME	2.3 STREET ADDRESS 1475 S.E. 15th. ST. APT. 307
		2.4 CITY-ST-ZIP FT. LAUDERDALE FL. 33316	
TITLE SD	NAME PORTER, WILLIAM P	3.1 TITLE D	NAME LOUIS BLACHE
STREET ADDRESS 1475 S.E. 15TH ST., #306	CITY-ST-ZIP FT LAUDERDALE, FL 00000	3.2 NAME	3.3 STREET ADDRESS 1475 S.E. 15th. ST. APT. 312
		3.4 CITY-ST-ZIP FT. LAUDERDALE FL. 33316	
TITLE D	NAME CHRISTENSEN, JOHN	4.1 TITLE D	NAME LINDA WILSON
STREET ADDRESS 1475 SE 15TH ST. #310	CITY-ST-ZIP FT. LAUDERDALE FL	4.2 NAME	4.3 STREET ADDRESS 1475 S.E. 15th. ST. APT. 305
		4.4 CITY-ST-ZIP FT. LAUDERDALE FL. 33316	
TITLE D	NAME LEZARK, LOU	5.1 TITLE D	NAME JOHN CHRISTENSON
STREET ADDRESS 1475 S.E. 15TH ST., #203	CITY-ST-ZIP FT. LAUDERDALE FL	5.2 NAME	5.3 STREET ADDRESS 1475 S.E. 15th. ST. APT. 310
		5.4 CITY-ST-ZIP FT. LAUDERDALE. FL. 33316	
TITLE	NAME	6.1 TITLE	NAME
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		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, upon an attachment with an address, with all other like empowered.

SIGNATURE: *Gregory Rewa* **GREGORY REWA 1-11-99 (954) 463-6067**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)