

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
DIVISION OF STATE
CORPORATIONS
95 JUN - 2 11 0:18

DOCUMENT # **732671** (3)
1. Corporation Name
709 CURTISS PARKWAY CONDOMINIUM ASSOCIATION INC.

Principal Place of Business Mailing Address
709 CURTISS PARKWAY MIAMI SPRINGS FL 33166 **709 CURTISS PARKWAY MIAMI SPRINGS FL 33166**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/05/1975** 3a. Date of Last Report **04/05/1994**
4. FEI Number **59-1640243** Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**RAYMOND, SID
709 CURTISS PARKWAY #22
MIAMI SPRINGS FL 33166**

10. Name and Address of New Registered Agent
81 Name **RICHARD BERGEN**
82 Street Address (P.O. Box Number is Not Acceptable) **709 CURTISS PARKWAY #23**
83
84 City **MIAMI SPRINGS** FL 85 Zip Code **33166**

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 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 607.0705, Florida Statutes.

SIGNATURE *Sid Raymond* DATE **5-27-95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RAYMOND, SID
STREET ADDRESS	709 CURTISS PKWY. #22
CITY - ST - ZIP	MIAMI SPRINGS FL
TITLE	VD
NAME	VANN, JIM H.
STREET ADDRESS	709 CURTISS PKWY. #32
CITY - ST - ZIP	MIAMI SPRINGS FL
TITLE	SD
NAME	LASCARI, CAMILLE
STREET ADDRESS	709 CURTISS PKWY. #31
CITY - ST - ZIP	MIAMI SPRINGS, FL 00000
TITLE	TD
NAME	BERGEN, RICHARD
STREET ADDRESS	709 CURTISS PKWY. #23
CITY - ST - ZIP	MIAMI SPRINGS, FL 00000
TITLE	D
NAME	DUFF, GEORGE
STREET ADDRESS	709 CURTISS PKWY PENTHOUSE
CITY - ST - ZIP	MIAMI SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MARION PHILLIPS
13 STREET ADDRESS	709 Curtiss Parkway #30
14 CITY - ST - ZIP	Miami Springs, FL 33166
21 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	HELEN GURA
23 STREET ADDRESS	709 Curtiss Parkway #21
24 CITY - ST - ZIP	Miami Springs, FL 33166
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	SAM HENSHEY
53 STREET ADDRESS	709 Curtiss Parkway #14
54 CITY - ST - ZIP	Miami Springs, FL 33166
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Richard Bergen* **RICHARD BERGEN** 1-16-95 305-888-7269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Fee #