

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **05/05/1975**  
3a. Date of Last Report: **06/02/1995**  
4. FEI Number: **59-1640243**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**BERGEN, RICHARD**  
**709 CURTISS PKWY 23**  
**MIAMI SPRINGS FL 33166**

10. Name and Address of New Registered Agent  
81 Name: *Mary Cavallaris*  
82 Street Address (P.O. Box Number is Not Acceptable): *709 Curtiss Pkwy #24*  
83  
84 City: *Miami Springs* FL 85 Zip Code: *33166*

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: *Samuel T. Henshey* President  
Signature, typed or printed name of registered agent and date of appointment: *Samuel T. Henshey* 2/28/96

12. OFFICERS AND DIRECTORS		13. NEW OFFICERS AND DIRECTORS IN 1996	
TITLE	PD	1.1 TITLE	<i>CAVALLARIS</i>
NAME	PHILLIPS, MARION	1.2 NAME	<i>Cavallaris, Mary</i>
STREET ADDRESS	709 CURTISS PKWY 30	1.3 STREET ADDRESS	<i>709 Curtiss Pkwy 24</i>
CITY-ST-ZIP	MIAMI SPRINGS FL	1.4 CITY-ST-ZIP	<i>Miami Springs FL</i>
TITLE	VD	2.1 TITLE	
NAME	GURA, HELENA	2.2 NAME	
STREET ADDRESS	709 CURTISS PKWY 21	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	LASCARI, CAMILLE	3.2 NAME	
STREET ADDRESS	709 CURTISS PKWY. #31	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	BERGEN, RICHARD	4.2 NAME	
STREET ADDRESS	709 CURTISS PKWY. #23	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	HENSHEY, SAM	5.2 NAME	
STREET ADDRESS	709 CURTISS PKWY 14	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME	<i>MOATS, Viki</i>	6.2 NAME	
STREET ADDRESS	<i>709 Curtiss Pkwy 10</i>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Miami Springs, FL</i>	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 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 if changed, or on an attachment with an address.

SIGNATURE: *Samuel T. Henshey* 2/28/96 305-888-5122  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (12/95)