


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 27 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Northam, Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 732671 (3)**  
 1. Corporation Name  
**709 CURTISS PARKWAY CONDOMINIUM ASSOCIATION INC.**



Principal Place of Business <b>709 CURTISS PARKWAY MIAMI SPRINGS FL 33166</b>	Mailing Address <b>709 CURTISS PARKWAY MIAMI SPRINGS FL 33166</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/05/1975</b>	3a. Date of Last Report <b>03/18/1996</b>
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2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-1640243</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CAVALARIS, MARY  
 709 CURTSI PKWY  
 SUITE 24  
 MIAMI SPRINGS FL 33166**

10. Name and Address of New Registered Agent  
 81 Name **SID RAYMOND**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**709 CURTISS PARKWAY**  
 83 **UNIT 22**  
 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 **SID RAYMOND** *Sid Raymond*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>PD CAVALARIS, MARY</b>	<input checked="" type="checkbox"/>
NAME	<b>709 CURTISS PKWY</b>	
STREET ADDRESS	<b>MIAMI SPRINGS FL</b>	
CITY-ST-ZIP		
TITLE	<b>VD GURA, HELENA</b>	<input checked="" type="checkbox"/>
NAME	<b>709 CURTISS PKWY 21</b>	
STREET ADDRESS	<b>MIAMI SPRINGS FL</b>	
CITY-ST-ZIP		
TITLE	<b>D. MOATS, VIKI</b>	<input checked="" type="checkbox"/>
NAME	<b>709 CURTISS PKWY 10</b>	
STREET ADDRESS	<b>MIAMI SPRINGS FL</b>	
CITY-ST-ZIP		
TITLE	<b>D HENSHEY, SAM</b>	<input checked="" type="checkbox"/>
NAME	<b>709 CURTISS PKWY 14</b>	
STREET ADDRESS	<b>MIAMI SPRINGS FL</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>PD SID RAYMOND Sid Raymond</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>709 CURTISS PARKWAY</b>		
1.3 STREET ADDRESS	<b>MIAMI SPRINGS FL. 33166</b>		
1.4 CITY-ST-ZIP			
2.1 TITLE	<b>VD Dorely Lambert Dorely Lambert</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>709 CURTISS PARKWAY</b>		
2.3 STREET ADDRESS	<b>MIAMI FLORIDA. 33166</b>		
2.4 CITY-ST-ZIP			
3.1 TITLE	<b>TD HARLAN J. VANN</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<b>709 CURTISS PKWY # 32</b>		
3.3 STREET ADDRESS	<b>MIAMI SPRINGS, FL 33166</b>		
3.4 CITY-ST-ZIP			
4.1 TITLE	<b>DDONALD B. PENTONY</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	<b>709 CURTISS PKWY # 20</b>		
4.3 STREET ADDRESS	<b>MIAMI SPRINGS, FL 33166</b>		
4.4 CITY-ST-ZIP			
5.1 TITLE	<b>D GEORGE F. DUFF</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	<b>709 CURTISS PKWY # PH</b>		
5.3 STREET ADDRESS	<b>MIAMI SPRINGS FL 33166</b>		
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: **SID RAYMOND** *Sid Raymond - SID RAYMOND*  
 SIGNATURE REQUIRED **305-884-4949**

CR2E037 (4/97)