

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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.



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| Principal Place of Business 709 CURTISS PARKWAY MIAMI SPRINGS FL 33166 | Mailing Address 709 CURTISS PARKWAY MIAMI SPRINGS FL 33166 |
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|--|--|
| 3. Date Incorporated or Qualified 05/05/1975 | |
| 4. FEI Number 59-1640243 | 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 |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 24. Country | 29. Country |
| 25. Country | 30. Country |

9. Name and Address of Current Registered Agent

RAYMOND, SID
709 CURTISS PARKWAY
UNIT 22
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

| | |
|--|--------------|
| 81. Name | |
| 82. Street Address (P.O. Box Number is Not Acceptable) | |
| 83. City | |
| 84. City | 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 _____ DATE _____

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

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, or on an attachment with an address.

SIGNATURE: _____ Date **4-20-98** Daytime Phone # **305-888-8600**

CR2E037 (10/97)