

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 # 733601 (9)
1. Corporation Name
CONTINENTAL VILLAGE CONDOMINIUM ASSOCIATION INC.



Principal Place of Business: 1402 N.W. 80TH AVE. MARGATE FL 33063
Mailing Address: 1402 N.W. 80TH AVE. MARGATE FL 33063

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/15/1975	04/06/1995
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number	Applied For
23. City & State		28. City & State		59-1605902	Not Applicable
24. Zip	25. Country	29. Zip	30. Country	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
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BECKER, POLIAKOFF REDACTED P.A. 3111 STIRLING RD. FT. LAUDERDALE FL 33312-3525				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, RUBEN	1.2 NAME	COHEN, RUBEN
STREET ADDRESS	1402 NE 80TH AVE #408	1.3 STREET ADDRESS	1402 NW 80th Ave., # 408
CITY-ST-ZIP	MARGATE, FL 00000	1.4 CITY-ST-ZIP	MARGATE, FL. 33063
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINER, MURRAY	2.2 NAME	
STREET ADDRESS	1402 NW 80TH AVE., APT. 504	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVITT, TILLIE	3.2 NAME	
STREET ADDRESS	1402 NW 80TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE FL	3.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOOM, MILTON	4.2 NAME	BLOOM, MILTON
STREET ADDRESS	1402 NW 80TH AVE 405	4.3 STREET ADDRESS	1402 NW 80th Ave., #405
CITY-ST-ZIP	MARGATE, FL 00000	4.4 CITY-ST-ZIP	MARGATE, FL. 33063
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, NORMAN	5.2 NAME	
STREET ADDRESS	1402 NW 80TH AVE 508	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIBEL FREIDA	6.2 NAME	KIBEL, FRED A
STREET ADDRESS	1402 NW 80TH AVE 109	6.3 STREET ADDRESS	1402 NW 80th Ave., # 109
CITY-ST-ZIP	MARGATE, FL 00000	6.4 CITY-ST-ZIP	MARGATE, FL. 33063

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: *Murray Weiner (president) 2/24/96 954-973-0223*
MURRAY WEINER

CR2E037 (12/95)