

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 18 1997 8:00am  
Secretary of State**

**NONPROFIT CORPORATION  
ANNUAL REPORT  
1997**



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 Mailing Address  
**1402 N.W. 80TH AVE.  
MARGATE FL 33063** **1402 N.W. 80TH AVE.  
MARGATE FL 33063-9401**

3. Date Incorporated or Qualified **08/15/1975** 3a. Date of Last Report **03/28/1996**  
4. FEI Number **59-1605902** 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**  
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. 26 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  
**BECKER, POLIAKOFF P.A.  
3111 STIRLING RD.  
FT. LAUDERDALE FL 33312-3525**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, RUBEN	1.2 NAME	
STREET ADDRESS	1402 NE 80TH AVE #408	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 00000	1.4 CITY-ST-ZIP	
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	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLOOM, MILTON	4.2 NAME	TD LICHENSTEIN, LOUIS
STREET ADDRESS	1402 NW 80TH AVE 405	4.3 STREET ADDRESS	1402 NW 80th Ave., Apt: 304
CITY-ST-ZIP	MARGATE, FL 00000	4.4 CITY-ST-ZIP	MARGATE, FL. 33063
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOLDBERG, NORMAN	5.2 NAME	D ZEISLER, CHARLOTTE
STREET ADDRESS	1402 NW 80TH AVE 508	5.3 STREET ADDRESS	1402 NW 80th Ave.,
CITY-ST-ZIP	MARGATE, FL 00000	5.4 CITY-ST-ZIP	MARGATE, FL. 33063
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIBEL, FREDA	6.2 NAME	
STREET ADDRESS	1402 NW 80TH AVE 109	6.3 STREET ADDRESS	
CITY-ST-ZIP	MARGATE, FL 00000	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: **MURRAY WEINER** *Murray Weiner* 2/8/97 954-973-0223  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0025428

CR2E037 (9/96)