

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

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998**



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

**DOCUMENT # 733601 (9)**  
1. Corporation Name  
**CONTINENTAL VILLAGE CONDOMINIUM ASSOCIATIONING.**



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

3. Date Incorporated or Qualified  
**08/15/1975**  
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**  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	COHEN, RUBEN	
STREET ADDRESS	1402 NE 80TH AVE #408	
CITY-ST-ZIP	MARGATE, FL 00000 33063	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WEINER, MURRAY	
STREET ADDRESS	1402 NW 80TH AVE., APT. 504	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVITT, TILLIE	
STREET ADDRESS	1402 NW 80TH AVE.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLOOM, MILTON	
STREET ADDRESS	1402 NW 80TH AVE 405	
CITY-ST-ZIP	MARGATE, FL 00000 33063	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZEISLER, CHARLOTTE	
STREET ADDRESS	1402 NW 80TH AVE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KIBEL, FREDA	
STREET ADDRESS	1402 NW 80TH AVE 109	
CITY-ST-ZIP	MARGATE, FL 00000 33063	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>TD LICHTENSTEIN, LOUIS</b>
3.3 STREET ADDRESS	<b>1402 NW 80th AVE.,</b>
3.4 CITY-ST-ZIP	<b>MARGATE, FL. 33063</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Murray Weiner* MURRAY WEINER JANUARY 16th 198 954-973-0223

CR2E037 (10/97)