FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR 22 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739596 (5)

1. Corporation Name

TEN THOUSAND PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10000 W BAY HARBOR DR BAY HARBOR ISLANDS FL 33154	10000 W BAY HARBOR DR BAY HARBOR ISLANDS FL 33154

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1977
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-1865097 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BECKER, POLIAKOFF ~~& STREITFELD~~, P.A.
9300 S. DADELAND BLVD., STE 408
MIAMI FL 33156

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition PD
NAME	LERNER, SOL	12 NAME	STUART SHAFFER
STREET ADDRESS	10000 W BAY HARBOR DR	13 STREET ADDRESS	10000 W.Bay Harbor Dr.,
CITY-ST-ZIP	BAY HARBOR ISL,FL 00000	14 CITY-ST-ZIP	~~Bay Harbor Islands, Fl 33154~~
TITLE	SD	21 TITLE	☒ Change ☐ Addition SD
NAME	MORRIS, SANDRA G	22 NAME	ELLIS COUFOS
STREET ADDRESS	10000 W BAY HARBOR DR	23 STREET ADDRESS	10000 W. Bay Harbor Dr.
CITY-ST-ZIP	BAY HARBOR ISL, FL 00000	24 CITY-ST-ZIP	Bay Harbor Isl., FL. 33154
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	MESSICK, HELEN	32 NAME	
STREET ADDRESS	10000 W BAY HARBOR DR.	33 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOR ISL. FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☒ Change ☐ Addition VD
NAME	SOLOFF, LOU	42 NAME	Marc R. Shelton
STREET ADDRESS	10000 W BAY HARBOR DR	43 STREET ADDRESS	10000 W. Bay Harbor Dr.
CITY-ST-ZIP	BAY HARBOR ISL FL	44 CITY-ST-ZIP	Bay Harbor Isl., FL. 33154
TITLE	D	51 TITLE	☒ Change ☐ Addition D
NAME	COUFOS, ELLIE L	52 NAME	PHILIP KEISER
STREET ADDRESS	10000 W BAY HARBOR DR	53 STREET ADDRESS	10000 W. Bay Harbor Dr.
CITY-ST-ZIP	BAY HARBOR ISL FL	54 CITY-ST-ZIP	Bay Harbor Isl., FL. 33154
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

3/24

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)(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: Helen Messick — Helen Messick — 3/17/95 — 305 865-4411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #