

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/26/1977		03/22/1995	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		59-1865097		Not Applicable	
24 Country		29 Country		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	

9. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, 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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SHAFFER, STUART	
STREET ADDRESS	10000 W BAY HARBOR DR	
CITY-ST-ZIP	BAY HARBOR ISL FL	
TITLE	SD	☐ DELETE
NAME	COUFOS, ELLIS	
STREET ADDRESS	10000 W BAY HARBOR DR	
CITY-ST-ZIP	BAY HARBOR ISL FL	
TITLE	TD	☐ DELETE
NAME	MESSICK, HELEN	
STREET ADDRESS	10000 W BAY HARBOR DR.	
CITY-ST-ZIP	BAY HARBOR ISL FL	
TITLE	VD	☐ DELETE
NAME	SHELTON, MARC R	
STREET ADDRESS	10000 W BAY HARBOR DR	
CITY-ST-ZIP	BAY HARBOR ISL FL	
TITLE	D	☒ DELETE
NAME	KEISER, PHILLIP	
STREET ADDRESS	10000 W BAY HARBOR DR	
CITY-ST-ZIP	BAY HARBOR ISL FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	☐ Change ☒ Addition
5.1 TITLE	D
5.2 NAME	LESTER SAYETTA
5.3 STREET ADDRESS	10000 W Bay Harbor DR.
5.4 CITY-ST-ZIP	BAY HARBOR ISL, FL
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

Helen Messick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HELEN MESSICK

3/14/96

305 865-4411
Daytime Phone #

CR2E037 (12/95)