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

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **POCUMENT #**Corporation Name

739596

(5)

TEN THOUSAND PLAZA CONDOMINIUM ASSOCIATION, INC.

## **FILED** Mar 18 1998 8:00am Secretary of State

| TEN THOUGHT FEET CONDUMINION ACCOUNTION, INC.                                  |  |   |                                 |   |  |  |                             |  |
|--|--|---|---------------------------------|---|--|--|-----------------------------|--|
| Principal Place of Business  10000 W BAY HARBOR DR BAY HARBOR ISLANDS FL 33154 |  | Mailing Address 10000 W BAY HARBOR DR BAY HARBOR ISLANDS FL 33154 |                                 | - I IADIKA KABAN IIIIN SUKRI UIKKO IBIIN DIKI B   | 1831 81841 81811 B <b>is</b> al Bi   | ##                                     |                             |  |
|  |  |   |                                 | 3. Date Incorporated or Qualified 07/26/1977 4. FEI Number  |  |  |                             |  |
|  |  |   |                                 |   | 59-1865097   |  | oplied For<br>ot Applicable |  |
| 2. Principal P   | Place of Business  | 2a. Mailing Address   | <u> </u>                        |   | 5. Certificate of Status Desired   |  | Additional                  |  |
| 21   |  | 26  |                                 |   | O. Certificate of Status Desired   | Fee Re                                 | equired                     |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |                                 | 6. Election Campaign Financing  | \$5.00   |  |                             |  |
| City & State   |  | City & State  |                                 | Trust Fund Contribution Added to Fees  7. Is this nonprofit corporation a homeowners association? |  |  |                             |  |
| 23   |  | 28  |                                 |   | Ye   |  | 43 f                        |  |
| Zip  | Country  | Zip   | Country                         |   | 8. This corporation owes or has paid th  | ne current year Ini                    | tangible                    |  |
| 24   | 25   |   | 30                              |   | Personal Property Tax due June 30.   | Yes [                                  | ] No                        |  |
|  | 9. Name and Address of Curren  | it Hegistered Agent   | 81                              | Name  | 10. Name and Address of New Regist   | ered Agent                             | ·                           |  |
| DECKER   | A BOULAPORE DA   |   |                                 |   |  |  |                             |  |
| BECKER & POLIAKOFF, P.A.<br>5201 BLUE LAGOON DR., SUITE 100                    |  |   | B2                              | Street Addre  | ess (P.O. Box Number is Not Acceptable)  |  |                             |  |
| MIAMI F  | •  |   | 83                              |   |  |  |                             |  |
| 1112 (1111)  |  |   | 84                              | City  |  | 85 Zip                                 | Code                        |  |
|  |  |   | 1 1                             | •   | ·  | FL I I                                 |                             |  |
| 11. Pursuant office or r   | to the provisions of Sections 617.050, registered agent, or both, in the State | 2 and 617.1508, Florida Statute<br>of Florida. Such change was a  | s, the above-<br>uthorized by t | named corporation   | oration submits this statement for the purpoon's board of directors. I hereby accept the | ose of changing it<br>e appointment as | ts registered<br>registered |  |
| agent. I a   | im familiar with, and accept the obliga  | ations of, Section 617.0503, Flo                                  | rida Statutes.                  |   |  | - app                                  |                             |  |
| SIGNATURE  | Signature, typod or printed name of registered age                             | rit and title if amplicable (NOTE                                 | : Registered Apent              | Bionalure require   | sd when reinstating) D   | ATE                                    | <del></del>                 |  |
| 12.  | OFFICERS AND   |   | 13.                             |   | ADDITIONS/CHANGES TO OFFICERS  |  | RS IN 12                    |  |
| TITLE  | PD   | ☐ DELETE  | 1.1 TITLE                       |   |  | ☐ Change                               | Addition                    |  |
| NAME   | SHAFFER, STUART  |   | 1.2 NAME                        |   |  |  |                             |  |
| STREET ADDRESS   | 10000 W BAY HARBOR DR  |   | 1.3 STREET ADDRESS              |   |  |  |                             |  |
| CITY+ST-ZIP<br>TITLE   | BAY HARBOR ISL FL<br>SD  | ☐ DELETE  | 1.4 CHTY - ST -<br>2.1 THTLE    | ZIP   |  | Change                                 | Addition                    |  |
| NAME   | COUFOS, ELLIS  |   | 2.2 NAME                        |   |  |  |                             |  |
| STREET ADDRESS   | 10000 W BAY HARBOR DR  |   | 2.3 STREET ADDRESS              |   |  |  |                             |  |
| CITY-ST-ZIP  | BAY HARBOR ISL FL  |   | 2. 4 CITY-ST-ZIP                |   |  | ·                                      |                             |  |
| TITLE  | TD   | ☐ DELETE  | 3.1 TITLE                       |   |  | ☐ Change                               | Addition                    |  |
| NAME<br>STREET LODGESS   | MESSICK, HELEN   |   | 3.2 NAME                        |   |  |  |                             |  |
| STREET ADDRESS<br>CITY-ST-ZIP  | 10000 W BAY HARBOR DR.<br>BAY HARBOR ISL. FL                                   |   | 3.3 STREET AL                   |   |  |  |                             |  |
| TITLE  | D DAT HANDON ISE. FE   | DELETE  | 3.4. CITY-ST-                   |   | D  | ☐ Change                               | Addition                    |  |
| NAME   | ROSE, ELAINE   |   | 4.2 NAME                        |   | , uv   |  |                             |  |
| STREET ADDRESS   | 10000 W BAY HAR. DR  |   | 4.3 STREET AL                   | DORESS  |  |  |                             |  |
| CITY-ST-ZIP  | BAY HARBOR ISL FL  |   | 4.4 CITY - ST-                  | ZIP   |  |  |                             |  |
| TITLE  | VD   | DELETE  | 51 TITLE                        |   | D  | Change                                 | Addition                    |  |
| NAME   | LESTER, SAYETTA  |   | 52 NAME                         |   | RAFAEL PAREDES   |  |                             |  |
| STREET ADDRESS   | 10000 W BAY HARBOR DR  |   | 5.3 STREET AL                   | DDRESS  | 10000 W Bay Harbor   | Dr                                     |                             |  |
| CITY-ST-ZIP<br>TITLE   | BAY HARBOR ISL FL  | ☐ DELETE  | 5.4 CiTY-ST-<br>6.1 TITLE       | ZIP   | Bay Harbor Isl, FL   | ☐ Change                               | Addition                    |  |
| NAME   |  |   | 6.2 NAME                        |   | -  | Change                                 | Ema Abdition                |  |
| STREET ADDRESS   |  |   | 6.3 STREET AL                   | DDBESS  |  |  |                             |  |
| CITY-SI-ZIP  |  |   | 64 CITY-ST-                     |   |  |  |                             |  |

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 supplicational annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

3/12/98

305.865.4411