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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **743315**

1. Corporation Name

C. & C. CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 24444 OAKLAND PK FL 33307	P.O. BOX 24444 OAKLAND PK FL 33307

924414 · 90019 · 224

2. Principal Place of Business — Suite, Apt. #, etc. — City & State — Zip — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 06/19/1978

4. FEI Number: 59-2266146 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

PIEREES, SANDRA
650 KENSINGTON PL
WILTON MANOR FL 33305

10. Name and Address of New Registered Agent

81 Name: PIERCE, SANDRA
82 Street Address (P.O. Box Number is Not Acceptable): SAME
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: Sandra Pierce SANDRA PIERCE 1/5/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SCHLESINGER, BEN		1.2 NAME		
STREET ADDRESS	674 KENSINGTON PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL 33305		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	T/S/D	☐ Change ☒ Addition
NAME	GROSSMAN, JIM		2.2 NAME	PIERCE, SANDRA	
STREET ADDRESS	678 KENSINGTON PL		2.3 STREET ADDRESS	650 KENSINGTON PL	
CITY-ST-ZIP	WILTON MANORS FL 33305		2.4 CITY-ST-ZIP	WILTON MANOR, FL 33305	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STRENNEN, LOU		3.2 NAME		
STREET ADDRESS	660 KENSINGTON PL		3.3 STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL 33305		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ANNUCCI, DIANE		4.2 NAME		
STREET ADDRESS	654 KENSINGTON PL		4.3 STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL 33305		4.4 CITY-ST-ZIP		
TITLE	DPS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MAHLER, AMANDA		5.2 NAME		
STREET ADDRESS	661 CYPRESS LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL		5.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STONES, ROBERT		6.2 NAME		
STREET ADDRESS	668 KENSINGTON PL		6.3 STREET ADDRESS		
CITY-ST-ZIP	WILTON MANORS FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/5/99 954-467-7744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #