NONPROFIT: CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 746870

PLAZA OF THE AMERICAS PART IV CONDOMINIUM ASSOCI ATION, INC.

Principal Place of Business
17021 N BAY RD
N MAIM! BEACH FL 33160
110

2. Principal Place of Business

Mailing Address

2a. Mailing Address

26

17001 NORTH BAY ROAD N MIAMI BEACH FL 33160

FILED Apr 30, 1999 8:00 am § Secretary of State

04-30-1999 90135 040 ****61.25

* 4 460127 - 90135 - 40 7 *

3. Date Incorporated or Qualifed

04/24/1979



City & State Status Desired Status Desired Status Desired Status Desired Fee Required Status Desired Fee Required Status Desired Status Desired Status Desired Status Desired Status Desired Status Desired Agent Status Desired Sta	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		Apr	olied For	
Second S	2 -	····				59-2070782 -		Not	Applicable	
Zip Country Zip Country Zip Country S.5.00 May Be Added to Fees		· — — ·				5. Certifcate of Status Desired				
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. Street Address (P.O. Box Number is Not Acceptable) 13. Name 14. City 15. Street Address (P.O. Box Number is Not Acceptable) 16. Name and Address of New Registered Agent 17. Surpease of Sactions 617 0502 and 617 1502 and 617 1508. Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, 1 and familiar with, and accept the obligations of, Section 617 0503, Florids Statutes. 18. City 17. Surpease of Committee Agent or both in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, 1 and familiar with, and accept the obligations of, Section 617 0503, Florids Statutes. 18. Signature Registered Agent or State of Profess And Directors of Committee Agent on the 1 registered agent, 1 and familiar with, and accept the obligations of, Section 617 0503, Florids Statutes. 18. Signature Registered Agent agents required state numbers of Committee Agent agents required state numbers. 18. Signature Registered Agent Agent agents required state numbers. 18. Signature Registered Agent Agent agents required state numbers. 18. Signature Registered Agent Agent Agent agents required state numbers. 18. Address (P.O. Box Number is Not Acceptable) 18. Signature Registered Agent Age	23			Country		6 Floring Company Singapire		\$5.00	·	
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name BECKER, POLIAKOFF & STREITFELD, P.A. 6161 BLUÉ LAGOON DR., SUITE 250 MAMI FL 33128 44. City FL 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Floridis Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of Section 17.0503, Fordis Statutes. SIGNATURE SIGNATURE SIGNATURE PSD	Zip	, — — — —		Couring			,a □			
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MIAMI FL 33128 Section FL Sections FL										
17. Pursuant bit the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits his statement for the purpose of changing its 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 and title if applicable. (NOTE Registered Agent spinture required when remotiting) DATE	MIAMI FL 33126							·		
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 eccept the appointment as registered agent, and accept the obligations of, Section 617.0503, Floridos Statutes. SIGNATURE SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSD. SHIDLOWSKY, HOWARD 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LEVEN SHIDLOWSKY, HOWARD 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LEVEN SHIDLOWSKY, HOWARD 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LEVEN SHIDLOWSKY, HOWARD 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LEVEN SHIDLOWSKY, HOWARD 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LEVEN SHIDLOWSKY, HOWARD 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LEVEN SHIDLOWSKY, HOWARD 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LEVEN SHIDLOWSKY, HOWARD 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 LEVEN SHIDLOWSKY, HOWARD 14.40TH-ST-ZP LEVEN SHIDLOWSKY, HOWARD 15. LACTIV-ST-ZP LEVEN SHIDLOWSKY, HOWARD 16. LACTIV-ST-ZP LEVEN SHIDLOWSKY, HOWARD 17. LACTIV-ST-ZP LEVEN SHIDLOWSKY, HOWARD 18.40 O. W. DIXIE HWY. LEVEN SHIDLOWSKY, HOWARD 18.40 O. W. MIAMINGTON, HOWARD 18.40 O. W. DIX				84	City			85 Zip C	ode	
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	CITY-ST-ZIP	partify that the information supplied with				ection 119,07(3)(i). Florida Statute	as. I further cer	ify that the ir	nformation	

the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in a state of the statutes and that my name appears in a state of the st

SIGNATURE:

RE REQUIRED