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 -7 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 747829 (0)

1. Corporation Name
MARGATE ASSOCIATION OF CONDOMINIUMS, INC.

Principal Place of Business	Mailing Address
C/O JOSEPH GOLDSTEIN 7620 N.W. 18TH ST. MARGATE FL 33063	C/O JOSEPH GOLDSTEIN 7620 N.W. 18TH ST. MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1979
3a. Date of Last Report: 03/10/1994
4. FEI Number: 59-2245835 ☐ 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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MOSKOWITZ, HYMAN
7805 NW 5TH ST, APT 101
MARGATE FL 33063

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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	P	1.1 TITLE	D	☐ Change ☑ Addition
NAME	MOSKOWITZ, HYMAN	1.2 NAME	LIPSTADT, ABE	
STREET ADDRESS	7805 N.W. 5TH ST., #101	1.3 STREET ADDRESS	3060 HOLIDAY SPRINGS BLVD.	
CITY-ST-ZIP	MARGATE FL 33063	1.4 CITY-ST-ZIP	MARGATE FL 33063	
TITLE	V	2.1 TITLE	D	☐ Change ☑ Addition
NAME	RIEGER, NORMAN	2.2 NAME	RUBIN, LEON	
STREET ADDRESS	3050 HOLIDAY SPRINGS BLVD.	2.3 STREET ADDRESS	7705 N.W. 5 CT.	
CITY-ST-ZIP	MARGATE FL 33063	2.4 CITY-ST-ZIP	MARGATE FL 33063	
TITLE	V	3.1 TITLE	✓	☒ Change ☐ Addition
NAME	BOUNFIGIO, AUGIE	3.2 NAME	FUHILA, FRANK	
STREET ADDRESS	5511 LAKESIDE DR.,#102	3.3 STREET ADDRESS	3200 HOLIDAY SPRINGS BLVD.	
CITY-ST-ZIP	MARGATE FL 33063	3.4 CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	T	4.1 TITLE	D	☐ Change ☑ Addition
NAME	GOLDSTEIN, JOSEPH	4.2 NAME	AARON, ALEX	
STREET ADDRESS	7620 N.W. 18TH ST., #205	4.3 STREET ADDRESS	301 N.W. 76 AVE.	
CITY-ST-ZIP	MARGATE FL 33063	4.4 CITY-ST-ZIP	MARGATE FL. 33063	
TITLE	S BLANKEN	5.1 TITLE	D	☐ Change ☑ Addition
NAME	~~BLANKEN~~, MORRIS	5.2 NAME	BRISKMAN, MAC	
STREET ADDRESS	6114 CORAL LALE DR.	5.3 STREET ADDRESS	7640 N W 1 ST ST.	
CITY-ST-ZIP	MARGATE FL 33063	5.4 CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	D	6.1 TITLE	D	☐ Change ☑ Addition
NAME	KALTER, MILDRED	6.2 NAME	TAGER, IRVING	
STREET ADDRESS	7301 N. W. 18TH ST.	6.3 STREET ADDRESS	1110 N.W. 80 AVE.	
CITY-ST-ZIP	MARGATE FL 33063	6.4 CITY-ST-ZIP	MARGATE, FL 33063	

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: Joseph Goldstein TAGES. 3/7/95 (305) 973-9176
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Telephone Number)
JOSEPH GOLDSTEIN

0039010