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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secreta: 61 State 6

DIVISION OF CORPORATIONS

1996

DOCUMENT # 747829

(0)

MARGATE ASSOCIATION OF CONDOMINIUMS, INC.

Principal Place of Business Mailing Address C/O JOSEPH GOLDSTEIN C/O JOSEPH GOLDSTE			TEIN		
7620 N.W. 1 MARGATE FL		7620 N.W. 18TH ST.			
MANUALE FE	. 33003	MARGATE FL 33063		3. Date Incorporated or Qualified 06/27/1979	3a. Date of Last Report 03/07/1995
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
1 Suito Ant	# oto	26		59-2245835	Not Applicabl
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip ∃	Country	Zip	Country	8. This corporation has liability for int	
	25 9. Name and Address of Curren	29	30	Florida Statutes	Yes 🗹 No
	9. Name and Address of Curren	it Hegistered Agent	81 Name	10. Name and Address of New Re	gistered Agent
1100/0	APT - 1444 AAA.		o Name		
	WITZ, HYMAN		82 Street Ad	dress (P.O. Box Number is Not Acceptable)
	V 5TH ST, APT 101		00		
MAHGAI	TE FL 33063		83		
•			84 City	- AIR AI	85 Zip Code
1 Purcuant t	to the provisions of Continue 617 0500	1 4 047 4500 Fig. 11 Oc. 1		poration submits this statement for the purpo	
or register	th, and accept the obligations of, Secti	ion o i 7.0000, fioliga Statute			
IGNATURE _	Signature, typed or printed name of registered agent	and little flapplicable (N	OTE: Registered Agent signature requ	wred when reinstating)	DATE
IGNATURE _	Signature, typed or printed name of registered agent OFFICERS AND	and title 1 applicable (NI D DIRECTORS	OTE: Registered Agent signature requ	ADDITIONS/CHANGES TO OFFIC	
IGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and little flapplicable (N	OTE: Registered Agent signature required. 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 18
IGNATURE	Signature, typed or printed name of registered agent OFFICERS AND P MOSKOWITZ, HYMAN	and title 1 applicable (NI D DIRECTORS	OTE: Registered Agent signature required. 13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 16
IGNATURE _ 2. ILE MME REE! ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND P MOSKOWITZ, HYMAN 7805 N.W. 5TH ST., #101	and title 1 applicable (NI D DIRECTORS	OTE Registered Agent signature requirements 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ADDITIONS/CHANGES TO OFFICE DIPS TAOT, ABE 3161 HOWONY SPRING	ERS AND DIRECTORS IN 12 Change PAddition
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SIGNATURE:

PURE AND TWEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-W-96 (954) 973-9176