FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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

3. Date Incorporated or Qualified: **06/27/1979**
3a. Date of Last Report: **03/07/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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 _____ 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 13		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOSKOWITZ, HYMAN 7805 N.W. 5TH ST., #101 MARGATE FL 33063	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D LIPSTADT, ABE 3161 HOLIDAY SPRINGS BLVD. MARGATE, FL 33063	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RIEGER, NORMAN 3050 HOLIDAY SPRINGS BLVD. MARGATE FL 33063	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D ~~MILDRED KALTER~~ ~~7301 N.W. 18 ST.~~ ~~MARGATE, FL 33063~~	☐ Change ☑ ~~Addition~~
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PUMILLA, ~~PUMILLA~~, FRANK 3200 HOLIDAY SPRINGS BLVD. MARGATE FL 33063	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D RUBIN, LEON 7705 N.W. 5 CT. MARGATE, FL 33063	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GOLDSTEIN, JOSEPH 7620 N.W. 18TH ST., #205 MARGATE FL 33063	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D BRISKMAN, MAC 7640 NW 1 ST CT. MARGATE, FL. 33063	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BLANKEN, MORRIS 6114 CORAL LALE DR. MARGATE FL 33063	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	900001728849 -03/01/96--01020--003 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KALTER, MILDRED 7301 N. W. 18TH ST. MARGATE FL 33063	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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)(k), 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 — 1-W-96 — (954) 973-9176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOSEPH GOLDSTEIN, VICE PRESIDENT