

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33063C/O JOSEPH GOLDSTEIN
7620 N.W. 18TH ST.
MARGATE FL 33063-31023. Date Incorporated or Qualified
06/27/19793a. Date of Last Report
02/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

59-2245835

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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

TITLE P ☐ DELETE
NAME MOSKOWITZ, HYMAN
STREET ADDRESS 7805 N.W. 5TH ST., #101
CITY-ST-ZIP MARGATE FL 33063TITLE V ☐ DELETE
NAME RIEGER, NORMAN
STREET ADDRESS 3050 HOLIDAY SPRINGS BLVD.
CITY-ST-ZIP MARGATE FL 33063TITLE V ☐ DELETE
NAME PUMILA, FRANK
STREET ADDRESS 3200 HOLIDAY SPRINGS BLVD.
CITY-ST-ZIP MARGATE FL 33063TITLE T ☐ DELETE
NAME GOLDSTEIN, JOSEPH
STREET ADDRESS 7620 N.W. 18TH ST., #205
CITY-ST-ZIP MARGATE FL 33063TITLE S ☐ DELETE
NAME BLANKEN, MORRIS
STREET ADDRESS 6114 CORAL LAKE DR.
CITY-ST-ZIP MARGATE FL 33063TITLE D ☒ DELETE
NAME KALTER, MILDRED
STREET ADDRESS 7301 N. W. 18TH ST.
CITY-ST-ZIP MARGATE FL 330631.1 TITLE ☐ Change ☒ Addition
1.2 NAME D LIPSTADT, ABE
1.3 STREET ADDRESS 3161 HOLIDAY SPRINGS BLVD
1.4 CITY-ST-ZIP MARGATE, FL 330632.1 TITLE ☐ Change ☒ Addition
2.2 NAME D RUBIN, LEON
2.3 STREET ADDRESS 775 NW 5 CT.
2.4 CITY-ST-ZIP MARGATE, FL 330633.1 TITLE ☐ Change ☒ Addition
3.2 NAME D BRISKMAN, MAC
3.3 STREET ADDRESS 7640 NW 1 ST CT.
3.4 CITY-ST-ZIP MARGATE, FL 330634.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME 100002111571
6.3 STREET ADDRESS -03/12/97--01090--024
6.4 CITY-ST-ZIP ***61.25

14. I do 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone # 0025445

CR2E037 (9/96)