FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Feb 10 1998 8:00am
Secretary of State

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 / Country 24 / 25	Zip / Country 29 / 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

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 12		
TITLE	P	☐ DELETE	1.1 TITLE	D	☐ Change ☑ Addition
NAME	MOSKOWITZ, HYMAN		1.2 NAME	MAX BRISKMAN	
STREET ADDRESS	7805 N.W. 5TH ST., #101		1.3 STREET ADDRESS	7640 NW 1ST ST	
CITY-ST-ZIP	MARGATE FL 33063		1.4 CITY-ST-ZIP	MARGATE FL 33063	
TITLE	V	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	RIEGER, NORMAN		2.2 NAME	MORRIS LICHTENSTEIN	
STREET ADDRESS	3050 HOLIDAY SPRINGS BLVD.		2.3 STREET ADDRESS	7605 NW 4 PL.	
CITY-ST-ZIP	MARGATE FL 33063		2.4 CITY-ST-ZIP	MARGATE FL 33063	
TITLE	V PUMILIA, FRANK	☐ DELETE	3.1 TITLE	D	☐ Change ☑ Addition
NAME	~~PUMILA, FRANK~~		3.2 NAME	LEON RUBIN	
STREET ADDRESS	3200 HOLIDAY SPRINGS BLVD.		3.3 STREET ADDRESS	7460 NW 5TH CT.	
CITY-ST-ZIP	MARGATE FL 33063		3.4 CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GOLDSTEIN, JOSEPH		4.2 NAME		
STREET ADDRESS	7620 N.W. 18TH ST., #205		4.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33063		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BLANKEN, MORRIS		5.2 NAME		
STREET ADDRESS	6114 CORAL LALE DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33063		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LIPSTADT, ABE		6.2 NAME		
STREET ADDRESS	3161 HOLIDAY SPRINGS BLVD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33063		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

PE 2/10

Pd $61.25

14. I 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. JOSEPH GOLDSTEIN

SIGNATURE: Joseph Goldstein TREAS. 1-14-98 (954)973-9176