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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **747829**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/27/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2245835 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	5	☐ Change ☑ Addition
NAME	MOSKOWITZ, HYMAN		1.2 NAME	BLANKEN, MORRIS	
STREET ADDRESS	7805 N.W. 5TH ST., #101		1.3 STREET ADDRESS	6114 CORAL LANE DR.	
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	~~KEN~~ LICHTENSTEIN, MORRIS	
STREET ADDRESS	3050 HOLIDAY SPRINGS BLVD.		2.3 STREET ADDRESS	7605 N.W. 4 PL.	
CITY-ST-ZIP	MARGATE FL 33063		2. 4 CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PUMILIA, FRANK		3.2 NAME		
STREET ADDRESS	3200 HOLIDAY SPRINGS BLVD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MARGATE FL 33063		3.4. CITY-ST-ZIP		
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	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BRISKMAN, MAX		5.2 NAME		
STREET ADDRESS	7640 NW 1ST ST		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 (11/98)

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, with all other like empowered. JOSEPH GOLDSTEIN

SIGNATURE: Joseph S. Goldstein RECEIVED 1-25-99 (954) 973-9126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #