2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 26, 2004 8:00 am
Secretary of State
08-26-2004 90006 033 ****61.25

DOCUMENT # 747829

1. Entity Name

MARGATE ASSOCIATION OF CONDOMINIUMS, INC.

Principal Place of Business	Mailing Address
C/O BURT WEINERMAN 7955 NW 5 CT MARGATE FL 33063	C/O BURT WEINERMAN 7955 NW 5 CT MARGATE FL 33063

54070100

MOORE CR2E037 (4/04)

2. Principal Place of Business	3. Mailing Address
C/O RICHARD DWORKIN 7300 LAKE CIRCLE DRIVE	7300 LAKE CIRCLE DRIVE
Suite, Apt. #, etc. APT. # 207	Suite, Apt. #, etc. #207
City & State MARGATE, FLORIDA	City & State MARGATE, FLORIDA
Zip / Country 33063 / BROWARD	Zip / Country 33063 / BROWARD

4. FEI Number 59-2245835 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MOSKOWITZ, HYMAN 7805 NW 5TH ST, APT 101 MARGATE FL 33063	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOSKOWITZ, HYMAN 7805 N.W. 5TH ST., #101 MARGATE FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FRANK PUMILIA 3200 Holiday Springs Blvd. #101 MARGATE, FL. 33063	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V RIEGER, NORMAN 3050 HOLIDAY SPRINGS BLVD. MARGATE FL 33063	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MORRIS LICHTENSTEIN 7605 N.W. 4th Pl. MARGATE, FL. 33063	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PUMILIA, FRANK 3200 HOLIDAY SPRINGS BLVD. MARGATE FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HY MOSKOWITZ 551 N.W. 80th TERR. #201 MARGATE, FL. 33063	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T WEINERMAN, BURT 7955 NW 5 CT #105 MARGATE FL 33063	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RICHARD DWORKIN 7300 LAKE CIRCLE DR. #207 MARGATE, FL. 33063	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRISKMAN, MAX 7640 NW 1ST ST MARGATE FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BLANNEN, MORRIS 6114 CORAL LAKE DR MARGATE FL 33063	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Dworkin (RICHARD DWORKIN) 8/23/04 954-968-3548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #