

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 # **748079** (1)

1. Corporation Name

THE LAURELS AT MARGATE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**340 W LAUREL DR
MARGATE FL 33063**

**340 W LAUREL DR
MARGATE FL 33063**

3. Date Incorporated or Qualified

07/16/1979

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 340 W. Laurel Dr.

26 340 W. Laurel Dr.

4. FEI Number

59-1924418

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 MARGATE, FLORIDA

28 Margate, Florida

Zip

Country

Zip

Country

24 33063

25 BROWARD

29 33063

30 Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TRIPP, SCOTT C P.A.
110 SE 6TH STREET 28TH FLOOR
ATTN: PETER HERMAN, ESQ
FT. LAUDERDALE FL 33301**

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 12

TITLE **S** ☐ DELETE
NAME **KALENDERIAN, ROSE E**
STREET ADDRESS **480 LAUREL DR.**
CITY-ST-ZIP **MARGATE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **BRUNO, DOMINICK**
STREET ADDRESS **202 E. LAUREL DRIVE**
CITY-ST-ZIP **MARGATE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VP** ☐ DELETE
NAME **ROSENBAUM, ELAINE**
STREET ADDRESS **112 E LAUREL DR**
CITY-ST-ZIP **MARGATE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **KORN, MILTON**
STREET ADDRESS **370 E LAUREL DR**
CITY-ST-ZIP **MARGATE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **RUVOLO, MICHAEL**
STREET ADDRESS **171 LAUREL DR.**
CITY-ST-ZIP **MARGATE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **COHEN, ALICE**
STREET ADDRESS **345 W LAUREL DR**
CITY-ST-ZIP **MARGATE FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alice Cohen

Alice Cohen-11/16/96 971-0994

CR2E037 (12/95)

3-18-1996