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Mar 11 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33063-5318

3. Date Incorporated or Qualified
07/16/1979

3a. Date of Last Report
03/18/1996

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

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25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRIPP, SCOTT, CONKLIN & SMITH, P.A.
110 SE 6TH STREET, 28TH FLOOR
ATTN: PETER G. 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 VP ☐ Change ☒ Addition
1.2 NAME CONTRASTINO, DOMINICK
1.3 STREET ADDRESS 312 LAUREL DR.
1.4 CITY-ST-ZIP MARGATE, FL

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

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME SEIGER, MOE
2.3 STREET ADDRESS 480 LAUREL DR., MARGATE, FL
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 D ☐ Change ☒ Addition
3.2 NAME WORTHINGTON, DOLORES
3.3 STREET ADDRESS 490 LAUREL DR.
3.4 CITY-ST-ZIP MARGATE, FL

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 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

MILTON KORN, PRES.

3/7/97

Date

Daytime Phone # 0025439

CR2E037 (9/96)