


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**



2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified <b>07/16/1979</b>	
4. FEI Number <b>59-1924418</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent											
<b>TRIPP, SCOTT, CONKLIN &amp; SMITH, P.A.</b> <b>110 SE 6TH STREET, 28TH FLOOR</b> <b>ATTN: PETER G. HERMAN, ESQ.</b> <b>FT. LAUDERDALE FL 33301</b>		<table border="1"> <tr> <td>81 Name</td> <td><b>Katzman &amp; Korr</b></td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td><b>1100 S. State Road 7</b></td> </tr> <tr> <td>83</td> <td><b>Suite #102</b></td> </tr> <tr> <td>84 City</td> <td><b>Margate</b></td> </tr> <tr> <td>85 Zip Code</td> <td><b>FL 33068</b></td> </tr> </table>		81 Name	<b>Katzman &amp; Korr</b>	82 Street Address (P.O. Box Number is Not Acceptable)	<b>1100 S. State Road 7</b>	83	<b>Suite #102</b>	84 City	<b>Margate</b>	85 Zip Code	<b>FL 33068</b>
81 Name	<b>Katzman &amp; Korr</b>												
82 Street Address (P.O. Box Number is Not Acceptable)	<b>1100 S. State Road 7</b>												
83	<b>Suite #102</b>												
84 City	<b>Margate</b>												
85 Zip Code	<b>FL 33068</b>												

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 *Leigh C. Katzman, Esq.* DATE **2/16/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KALENDERIAN, ROSE E</b>	1.2 NAME	<b>Dominick Contrastion</b>
STREET ADDRESS	<b>480 LAUREL DR.</b>	1.3 STREET ADDRESS	<b>312 W. Laurel Drive</b>
CITY-ST-ZIP	<b>MARGATE FL</b>	1.4 CITY-ST-ZIP	<b>Margate, FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRUNO, DOMINICK</b>	2.2 NAME	<b>Earl Driscoll</b>
STREET ADDRESS	<b>202 E. LAUREL DRIVE</b>	2.3 STREET ADDRESS	<b>394 Laurel Dr.</b>
CITY-ST-ZIP	<b>MARGATE FL</b>	2.4 CITY-ST-ZIP	<b>Margate, FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CONTRASTINO, DOMINICK</b>	3.2 NAME	<b>Dolores Worthington</b>
STREET ADDRESS	<b>312 LAUREL DR</b>	3.3 STREET ADDRESS	<b>490 Laurel Drive</b>
CITY-ST-ZIP	<b>MARGATE FL</b>	3.4 CITY-ST-ZIP	<b>Margate, FL</b>
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KORN, MILTON</b>	4.2 NAME	<b>Joanne Lewis</b>
STREET ADDRESS	<b>370 E LAUREL DR</b>	4.3 STREET ADDRESS	<b>447 Laurel Drive</b>
CITY-ST-ZIP	<b>MARGATE FL</b>	4.4 CITY-ST-ZIP	<b>Margate, FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SEIGER, MOE</b>	5.2 NAME	<b>Beth Cleary</b>
STREET ADDRESS	<b>480 LAUREL DR</b>	5.3 STREET ADDRESS	<b>158 W. Laurel Drive</b>
CITY-ST-ZIP	<b>MARGATE FL</b>	5.4 CITY-ST-ZIP	<b>Margate, FL</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COHEN, ALICE</b>	6.2 NAME	<b>Wilson Evans</b>
STREET ADDRESS	<b>345 W LAUREL DR</b>	6.3 STREET ADDRESS	<b>210 W. Laurel Drive</b>
CITY-ST-ZIP	<b>MARGATE FL</b>	6.4 CITY-ST-ZIP	<b>Margate, FL</b>

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.

SIGNATURE: *Leigh C. Katzman, Esq.* DATE **2/16/98**

CR2E037 (10/97)



**THE LAURELS AT MARGATE CONDOMINIUM ASSN., INC.**

340 W. Laurel Drive \* Margate, Fl 33063

Phone(954)979-4430

Fax (954)979-3631

**ADDITIONAL BOARD MEMBER**

D                      Addition  
Terry Nelson  
144 S. Laurel Drive  
Margate, FL