

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:14

DOCUMENT # **748739 (0)**
1. Corporation Name
5825 CORINTHIAN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
5825 COLLINS AVENUE MIAMI BCH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/31/1979	3a. Date of Last Report 03/29/1994
4. FEI Number 59-2022749	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**KNOPKE, JAMES S
5825 COLLINS AVE
MIAMI BCH, FL
33140**

10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code
--

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	RAYBIN, NATHAN
STREET ADDRESS	5825 COLLINS AVE.
CITY - ST - ZIP	MAIMI BEACH FL
TITLE	D
NAME	KNOPKA, FELIPE D
STREET ADDRESS	5825 COLLINS AVENUE
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	D
NAME	LITZ, NORMAN
STREET ADDRESS	5825 COLLINS AVE.
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	PD
NAME	SILVER, LOUIS
STREET ADDRESS	5825 COLLINS AVE
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	D
NAME	BERTNOV, EARL
STREET ADDRESS	5825 COLLINS AVENUE
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	ST
NAME	KNOPKE, JAMES
STREET ADDRESS	5825 COLLINS AVENUE
CITY - ST - ZIP	MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D/Asst. Treasurer
5.3 STREET ADDRESS	Charin, Samuel
5.4 CITY - ST - ZIP	5825 Collins Ave.
5.5 CITY - ST - ZIP	Miami Beach, FL.
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JAMES S. KNOPKE Date: **3/2/95** (305) 865-3506