

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 15 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748739 (0)
1. Corporation Name
5825 CORINTHIAN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 5825 COLLINS AVENUE MIAMI BCH FL 33140 US	Mailing Address 5825 COLLINS AVENUE MIAMI BCH FL 33140
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3. Date Incorporated or Qualified 08/31/1979	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
4. FEI Number 59-2022749		

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

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. Is this nonprofit corporation a homeowners association? <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARIE, JOHN	1.2 NAME	
STREET ADDRESS	5825 COLLINS AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOPKA, FELIPE D	2.2 NAME	
STREET ADDRESS	5825 COLLINS AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LITZ, NORMAN	3.2 NAME	
STREET ADDRESS	5825 COLLINS AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARSTARK, FRANCINE	4.2 NAME	
STREET ADDRESS	5825 COLLINS AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARIN, SAMUEL	5.2 NAME	
STREET ADDRESS	5825 COLLINS AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOPKE, JAMES	6.2 NAME	
STREET ADDRESS	5825 COLLINS AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: James S. Knopke 1-8-98 (305) 865-3506
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)