

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90110 048 \*\*\*\*61.25

DOCUMENT # 750381

1. Corporation Name

FAIRVIEW HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

17600 NORTH BAY ROAD  
NORTH MIAMI BEACH FL 33160

Mailing Address

17600 NORTH BAY ROAD  
NORTH MIAMI BEACH FL 33160



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/27/1979

4. FEI Number

59-1992795

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

CAMARA, ROSA M  
6161 BLUE LAGOON DR #250  
MIAMI FL 33126

10. Name and Address of New Registered Agent

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	VELEZ, GREGORIA	
STREET ADDRESS	17500 N BAY RD	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LIPSON, SOL	
STREET ADDRESS	17500 N BAY RD, #905 S	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WAHL, TOM	
STREET ADDRESS	17600 N BAY RD	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	O	<input type="checkbox"/> DELETE
NAME	KLAMISHEV	
STREET ADDRESS	17500 N BAY RD	
CITY-ST-ZIP	N MIAMI BCH FL 33160	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LASKYC CINDY	
STREET ADDRESS	17600 N BAY RD #608 N	
CITY-ST-ZIP	NORTH MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRYER, NANCY	
STREET ADDRESS	17500 N BAY RD #608S	
CITY-ST-ZIP	N MIAMI BCH 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 checked="" 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 type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

2/15/99

Date

Daytime Phone #

CR2E037 (11/98)