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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 755993

1. Corporation Name
 7 EAST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: 535 NE 7 AVENUE FT. LAUDERDALE FL 33301
 Mailing Address: 535 NE 7 AVENUE FT. LAUDERDALE FL 33301



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	4.	FBI Number
22	City & State	27	City & State		Applied For
23	Zip	28	Zip	5.	Certificate of Status Desired
24	Country	29	Country		\$8.75 Additional Fee Required
		30		6.	Electin Campaign Financing Trust Fund Contribution
					\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TIGHE, TOM 800 E BROWARD BLVD STE 505 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: Tom Tighe DATE: 4.19.99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1	TITLE
NAME	SENKO, RICK	1.2	NAME
STREET ADDRESS	575 NE 7TH AVE	1.3	STREET ADDRESS
CITY-ST-ZIP	FT LAUDERDALE, FL 00000 <i>Pres.</i>	1.4	CITY-ST-ZIP
TITLE	TD	2.1	TITLE
NAME	ALEXANDER, STUART	2.2	NAME
STREET ADDRESS	543 NE 7TH AVE	2.3	STREET ADDRESS
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4	CITY-ST-ZIP
TITLE	VD	3.1	TITLE
NAME	KING, DOUGLAS	3.2	NAME
STREET ADDRESS	571 NE 7TH AVE	3.3	STREET ADDRESS
CITY-ST-ZIP	FT LAUDERDALE FL <i>Tres.</i>	3.4	CITY-ST-ZIP
TITLE	ALD	4.1	TITLE
NAME	KING, HANZ	4.2	NAME
STREET ADDRESS	575 NE 7TH AVE	4.3	STREET ADDRESS
CITY-ST-ZIP	FT LAUDERDALE FL <i>V. Pres</i>	4.4	CITY-ST-ZIP
TITLE	AL	5.1	TITLE
NAME	BOOTES, STEVE	5.2	NAME
STREET ADDRESS	539 NE 7 AVE	5.3	STREET ADDRESS
CITY-ST-ZIP	FT. LAUD. FL 33301 <i>at Large</i>	5.4	CITY-ST-ZIP
TITLE		6.1	TITLE
NAME		6.2	NAME
STREET ADDRESS		6.3	STREET ADDRESS
CITY-ST-ZIP		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, as an attachment with an address with a letter like empowered.

SIGNATURE: (Signature) DATE: 4.19.99

CR2E037 (1/198)