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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 768265

1. Corporation Name

OFFICE IN THE PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7385 SW 87ND AVE
MIAMI FL 33173
US

PO BOX 70
MIAMI FL 33233
US



2. Principal Place of Business

2a. Mailing Address

21 7355 S.W. 87 AVENUE

26 7355 S.W. 87 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 300

27 SUITE 300

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip

Country

Zip

Country

24 33173

25 USA

29 33173

30 USA

3. Date Incorporated or Qualified

05/02/1983

4. FEI Number

59-2375229

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

FRIEND, RICHARD E
201 ALHAMBRA CIRCLE
SUITE 1200
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

BRYAN P. DAY

82 Street Address (P.O. Box Number is Not Acceptable)

7355 S.W. 87 AVENUE

83

SUITE 300

84 City

MIAMI

FL

85 Zip Code

33173

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

BRYAN P. DAY, DIRECTOR AND PRESIDENT 3/9/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE D
NAME WALKER, GRANT
STREET ADDRESS 7315 SW 87TH AVE SUITE 100
CITY-ST-ZIP MIAMI, FL 33173

TITLE TSD DELETE
NAME SOLOMON, MARTIN L
STREET ADDRESS 2665 S BAYSHORE DR
CITY-ST-ZIP COCONUT GROVE FL

TITLE PD DELETE
NAME FRIEND, RICHARD E
STREET ADDRESS 201 ALHAMBRA CIR, STE 1200
CITY-ST-ZIP CORAL GABLES FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE TSD Change Addition
2.2 NAME DAY, KATHLEEN
2.3 STREET ADDRESS 7355 S.W. 87 AVE., SUITE 300
2.4 CITY-ST-ZIP MIAMI, FL 33173

3.1 TITLE PD Change Addition
3.2 NAME DAY, BRYAN P.
3.3 STREET ADDRESS 7355 S.W. 87 AVE., SUITE 300
3.4 CITY-ST-ZIP MIAMI, FL 33173

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BRYAN P. DAY

3/9/99

305-274-1600

Date

Daytime Phone #

CR2E037 (11/98)