

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 770251 (7)**

1. Corporation Name  
**DEERFIELD BEACH HOUSE CONDOMINIUM ASSOCIATION, I NC.**



Principal Place of Business Mailing Address  
**330 S.E. 20TH AVE. DEERFIELD BEACH FL 33441** **330 S.E. 20TH AVE. DEERFIELD BEACH FL 33441**

3. Date Incorporated or Qualified **09/15/1983** 3a. Date of Last Report **02/13/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-2724264** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**GARFIELD & ASSOCIATES, P.A.  
3500 NORTH STATE RD.  
SUITE 333  
FT. LAUDERDALE FL 33319**

**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**

DELETE

TITLE **VD**  
NAME **HELLER, ELSA**  
STREET ADDRESS **330 SE 20TH AVE #319**  
CITY-ST-ZIP **DEERFIELD BCH. FL**

TITLE **PD**  
NAME **BRAND, ROBERT**  
STREET ADDRESS **330 SE 20 AVE 123**  
CITY-ST-ZIP **DEERFIELD BCH. FL 33441**

TITLE **TD**  DELETE  
NAME **~~MADONNA, JOHN~~**  
STREET ADDRESS **330 SE 20 AVE 208**  
CITY-ST-ZIP **DEERFIELD BCH. 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**

Change  Addition

11 TITLE **TD Dan Rosenson**  
12 NAME **330 S.E. 20 Ave 523**  
13 STREET ADDRESS **Deerfield Beach FL 33441**  
14 CITY-ST-ZIP

21 TITLE  Change  Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE  Change  Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Robert Brand**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/20/96** Day/Time Phone # **(305) 426-4969**

CR2E037 (12/95)