

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 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 # 770251 (7)
1. Corporation Name
DEERFIELD BEACH HOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 330 S.E. 20TH AVE. DEERFIELD BEACH FL 33441	Mailing Address 330 S.E. 20TH AVE. DEERFIELD BEACH FL 33441
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3. Date Incorporated or Qualified 09/15/1983	
4. FEI Number 59-2724264	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
8. 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 type="checkbox"/> Yes <input checked="" 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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 Cheryl Levin, P.A.
82 Street Address (P.O. Box Number Is Not Acceptable) 10226 NW 47th St
83
84 City Sunrise FL 85 Zip Code 33351

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 *Cheryl J. Levin* DATE 3/13/98

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HELLER, ELSA	
STREET ADDRESS	330 SE 20TH AVE #319	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HUDDESTON, ROBERT	
STREET ADDRESS	330 SE 20TH AVE #208	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	P + T	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, MENDEL	
STREET ADDRESS	330 SE 20TH AVE #501	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D + S	<input type="checkbox"/> DELETE
NAME	SALVO, NORMA	
STREET ADDRESS	330 SE 20TH AVE #216	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	P + T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	D, V, P + S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Leo Bauer
5.3 STREET ADDRESS	330 SE 20th Ave #307
5.4 CITY-ST-ZIP	Deerfield Beach FL
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.

SIGNATURE: *Mendel Bernstein* Mendel Bernstein P. 2/5/98 954 426 4966

CR2E037 (10/97)