

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$156 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$299)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
 95 AUG -8 PM 2:41

DOCUMENT # N03067 (8)
 Corporation Name
TURNPIKE COMMERCIAL PLAZA, PHASE II, CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
1/4 WAYNE HORWITZ CPA **1/4 WAYNE HORWITZ CPA**
3511 W. COMMERCIAL BLVD., SUITE 402 **3511 W. COMMERCIAL BLVD., SUITE 402**
FORT LAUDERDALE FL 33309 **FORT LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified **05/14/1984** 3a. Date of Last Report **08/27/1994**
 4. FEI Number **59-2515088** 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**
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
HORWITZ, WAYNE CPA
3511 W. COMMERCIAL BLVD.
SUITE #402
FORT LAUDERDALE FL 33309

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARGOLIS, DON
STREET ADDRESS	1791 BLOUNT RD.
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	V
NAME	LOBIONDO, SAL
STREET ADDRESS	1791 BLOUNT RD. #704
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	TD
NAME	GOLDSTEIN, CATHY
STREET ADDRESS	1791 BLOUNT RD #720
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	S
NAME	VAN HEDEN, PAUL
STREET ADDRESS	1791 BLOUNT RD., #905
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	D
NAME	MUCCIACCIARO, DOMINIC
STREET ADDRESS	1791 BLOUNT ROAD #
CITY - ST - ZIP	POMPANO BEACH FL
TITLE	
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	PRESIDENT, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	33069
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	33069
4.1 TITLE	SECRETARY, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	33069
5.1 TITLE	VICE PRESIDENT, DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	33069
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DIRECTOR
6.3 STREET ADDRESS	ARBANAS, TONY
6.4 CITY - ST - ZIP	1791 BLOUNT ROAD #100A POMPANO BEACH, FLORIDA 33069

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 110.07(3)(b), 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 of 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 applicable, or on an attachment with an address.

SIGNATURE: Paul Van Heden PAUL VAN HEDEN 7/20/95 (305) 975-8550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)