

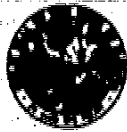
FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 25 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N23078 (1)**

1. Corporation Name
HELEN MAR CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
2421 LAKE PANCOAST DRIVE MIAMI BEACH FL 33140

3. Date Incorporated or Qualified 3a. Date of Last Report

10/19/1987 05/01/1994

4. FBI Number Applied For
22-2988133 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 **\$68.75 Supplemental Fee Not Required**

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

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIEGL, RICARDO N.
420 LINCOLN RD STE 437
MIAMI BCH FL 33139**

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 607.0502 and 607.1508, 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	BRETZER, JOANNE
STREET ADDRESS	2421 LAKE PANCOAST DR.
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	D
NAME	BATCHELDER, THOMAS
STREET ADDRESS	2421 PANCOAST DR.
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	VP
NAME	BROCK, JOSEPH
STREET ADDRESS	2421 LAKE PANCOAST DR.
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	S
NAME	WINDHOL, WILLIAM JANET CRUZET
STREET ADDRESS	2421 LAKE PANCOAST DR. 2445 LAKE PANCOAST DR.
CITY-ST-ZIP	MIAMI BCH FL 33140
TITLE	D
NAME	BAZEL, MICHAEL
STREET ADDRESS	2421 LAKE PANCOAST DR.
CITY-ST-ZIP	MIAMI BCH FL 33140
TITLE	D
NAME	GILLETTE, CLINT
STREET ADDRESS	2421 LAKE PANCOAST DR
CITY-ST-ZIP	MIAMI BEACH FL 33140

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JANET CRUZET
4.3 STREET ADDRESS	2445 LAKE PANCOAST DR.
4.4 CITY-ST-ZIP	MIAMI BCH FL 33140
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TOMAS GUILLEN
5.3 STREET ADDRESS	2445 LAKE PANCOAST DR
5.4 CITY-ST-ZIP	MIAMI BEACH FL 33140
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 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)(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 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:

Clint Gillette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/95 (305) 538-2524
DATE (Daytime Phone)