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FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90048 022 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N23078  
1. Corporation Name  
**HELEN MAR CONDOMINIUM ASSOCIATION, INC.**

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

Mailing Address  
2421 LAKE PANCOAST DRIVE  
MIAMI BEACH FL 33140



21	2. Principal Place of Business 2421 Lake Pancoast Dr	26	2a. Mailing Address 2421 Lake Pancoast Dr	3.	Date Incorporated or Qualified 10/19/1987
22	Suite, Apt. #, etc. office in Building	27	Suite, Apt. #, etc. office suite	4.	FBI Number 22-2988133
23	City & State Miami Beach, Florida	28	City & State Miami Beach, Florida	5.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip 33140	25	Country usa	29	Zip 33140
30	Country usa	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent

**LIEBER, KEN**  
2421 LAKE PAN COAST DR, PENTHOUSE  
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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: *Danny Long* DATE: 4/2/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BRETZER, JOANNE	
STREET ADDRESS	2421 LAKE PANCOAST DR.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BATCHELDER, THOMAS	
STREET ADDRESS	2421 PANCOAST DR.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BROCK, JOSEPH	
STREET ADDRESS	2421 LAKE PANCOAST DR.	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CRUZET, JANET	
STREET ADDRESS	2445 LAKE PANCOAST DR	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KING, ROBERT	
STREET ADDRESS	8209 NW 201 TERR	
CITY-ST-ZIP	HIALEAH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LIEBER, KEN	
STREET ADDRESS	2421 LAKE PANCOAST DR	
CITY-ST-ZIP	MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	TITLE	President DANIEL MARKSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2	NAME	2421 Lake Pancoast Dr. apt 4C. +	
1.3	STREET ADDRESS	Miami Beach, Florida	
1.4	CITY-ST-ZIP	33140 3C	
2.1	TITLE	Pres. BARRY LONG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2	NAME	2421 Lake Pancoast Dr. apt 6C/E	
2.3	STREET ADDRESS	Miami Beach, FL	
2.4	CITY-ST-ZIP	33140	
3.1	TITLE	N.P. Brock Joseph	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	NAME	2421 Lake Pancoast Dr. #6F/A	
3.3	STREET ADDRESS	Miami Beach, Florida	
3.4	CITY-ST-ZIP	33140	
4.1	TITLE	D. TAMY LOPEZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2	NAME	2445 Lake Pancoast Dr. Annex	
4.3	STREET ADDRESS	Miami Beach, Florida	
4.4	CITY-ST-ZIP	33140 E	
5.1	TITLE	Sect. Michelle Cornford - Nola	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2	NAME	2421 Lake Pancoast Dr. apt 6B	
5.3	STREET ADDRESS	Miami Beach, Florida	
5.4	CITY-ST-ZIP	33140	
6.1	TITLE	D. LIEBER, KEN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	NAME	2421 Lake Pancoast Dr. Penthouse	
6.3	STREET ADDRESS	Miami Beach, Florida	
6.4	CITY-ST-ZIP	33140	

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: *Danny Long* SIGNATURE REQUIRED DATE: 4/2/99 DAYTIME PHONE #: 305-854-2138

CR2E037 (1/98)