

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 # N33307 (2)
1. Corporation Name

THE CARRIAGE CLUB NORTH CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business

5005 COLLINS AVENUE
MIAMI BEACH FL 33140

Mailing Address

5005 COLLINS AVENUE
MIAMI BEACH FL 33140

3. Date Incorporated or Qualified
07/19/1989

3a. Date of Last Report
05/01/1995

4. FEI Number

65-0128840

Applied For
Not Applicable

2. Principal Place of Business

21 5005 Collins Avenue

2a. Mailing Address

26 5005 Collins Avenue

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

City & State

23 Miami Beach, FL.

City & State

28 Miami Beach, FL.

Zip

24 33140

Country

25 USA

Zip

29 33140

Country

30 USA

9. Name and Address of Current Registered Agent

HYMAN, MICHAEL L.
44 WEST FLAGLER ST.
14TH FLOOR COURTHOUSE TOWER
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

Hyman, Michael L.

82 Street Address (P.O. Box Number is Not Acceptable)

44 West Flagler Street

83 14th Floor Courthouse Tower

84 City

Miami

FL

85 Zip Code

33130

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, to file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	ALVAREZ, MICHAEL	5005 COLLINS AVE., STE. 1203	MIAMI BEACH FL 33140	<input checked="" type="checkbox"/>
VD	HERNANDEZ, MARIA	5005 COLLINS AVE., SUITE 506	MIAMI BEACH FL 33140	<input checked="" type="checkbox"/>
STD	DAVIS, MIRTHA	5005 COLLINS AVE., PH 1017	MIAMI BEACH FL	<input type="checkbox"/>
VPD	ALONSO, JOSE	5005 COLLINS AVE., #1524	MIAMI BEACH FL 33140	<input checked="" type="checkbox"/>
D	FLESCNER, NOAH	5005 COLLINS AVENUE #601	MIAMI BEACH FL 33140	<input type="checkbox"/>
				<input type="checkbox"/>

13.

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
PD	Lawrence Fisher	5005 Collins Ave. STE. 1022	Miami Beach, FL. 33140	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	Frank Terzo	5005 Collins Ave. PH3	Miami Beach, FL. 33140	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VPD	Louis Goldblatt	5005 Collins Ave. STE. 110	Miami Beach, FL. 33140	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MIRTHA M. DAVIS

Sec/Treas.

26.96

(505) 866.6152

CR2E037 (12/95)