

**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 <b>07/19/1989</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>65-0128840</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <b>5005 Collins Avenue</b>	26 <b>5005 Collins Avenue</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 <b>Miami Beach, FL.</b>	28 <b>Miami Beach, FL.</b>
24 <b>33140</b>	29 <b>33140</b>
25 <b>USA</b>	30 <b>USA</b>

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 <b>Hyman, Michael L.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>44 West Flagler Street</b>
83 <b>14th Floor Courthouse Tower</b>
84 City <b>Miami</b>
85 Zip Code <b>FL 33130</b>

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]* DATE: **1/31/96**  
Signature, typed or printed name of registered agent, to file if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVAREZ, MICHAEL	1.2 NAME	Lawrence Fisher
STREET ADDRESS	5005 COLLINS AVE., STE. 1203	1.3 STREET ADDRESS	5005 Collins Ave. STE. 1022
CITY-ST-ZIP	MIAMI BEACH FL 33140	1.4 CITY-ST-ZIP	Miami Beach, FL. 33140
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERNANDEZ, MARIA	2.2 NAME	Frank Terzo
STREET ADDRESS	5005 COLLINS AVE., SUITE 506	2.3 STREET ADDRESS	5005 Collins Ave. PH3
CITY-ST-ZIP	MIAMI BEACH FL 33140	2.4 CITY-ST-ZIP	Miami Beach, FL. 33140
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, MIRTHA	3.2 NAME	Louis Goldblatt
STREET ADDRESS	5005 COLLINS AVE., PH 1017	3.3 STREET ADDRESS	5005 Collins Ave. STE. 110
CITY-ST-ZIP	MIAMI BEACH FL	3.4 CITY-ST-ZIP	Miami Beach, FL. 33140
TITLE	VPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALONSO, JOSE	4.2 NAME	
STREET ADDRESS	5005 COLLINS AVE., #1524	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLESCHNER, NOAH	5.2 NAME	
STREET ADDRESS	5005 COLLINS AVENUE #601	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33140	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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]* - Sec/Treas. **26-96** (805) 866-6156  
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E037 (12/95)