


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N 33307  
1. Corporation Name  
**The Carriage Club North Condominium Association, Inc.**

Principal Place of Business Mailing Address  
**5005 Collins Ave  
Miami Beach, FL  
33140**

3. Date Incorporated or Qualified  
**07/19/1989**

4. FEI Number  
**65-0128840**

Applied For  
Not Applicable

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	29	Zip
25	Country	30	Country

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>Hymaw, Michael L. 150 West Flagler Street Suite 2701 Miami, Florida 33130</b>		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TERZO, FRANK P.</b>	1.2 NAME	
STREET ADDRESS	<b>5005 Collins Ave P.H 3</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Miami Beach, FL 33140</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELISEO GUERRA</b>	2.2 NAME	
STREET ADDRESS	<b>5005 Collins Ave. #1005</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Miami Beach, FL 33140</b>	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, Mirthe</b>	3.2 NAME	
STREET ADDRESS	<b>5005 Collins Ave. #1017</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Miami Beach, FL 33140</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Katz, George</b>	4.2 NAME	
STREET ADDRESS	<b>5005 Collins Ave. PH 8</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Miami Beach, FL 33140</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PLESCHNER, Noah</b>	5.2 NAME	
STREET ADDRESS	<b>5005 Collins Ave #601</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Miami Beach, FL 33140</b>	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	

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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.

SIGNATURE: \_\_\_\_\_ DATE: **2/17/98** (205) 866-6156

CR2E037 (10/97)