


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90020 013 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N33307**

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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 07/19/1989	4. FEI Number 65-0128840 Applied For Not Applicable
25 Country	30 Country	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>

9. Name and Address of Current Registered Agent  HYMAN, MICHAEL L. 150 WEST FLAGLER STREET SUITE 2701 MIAMI FL 33130	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KATZ, GEORGE	1.2 NAME	Diaz, Hugo
STREET ADDRESS	5005 COLLINS AVE PH8	1.3 STREET ADDRESS	5005 COLLINS AVE # 806
CITY-ST-ZIP	MIAMI BEACH FL 33140	1.4 CITY-ST-ZIP	MIAMI, FL 33140
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERZO, FRANK	2.2 NAME	Terzo, Frank
STREET ADDRESS	5005 COLLINS AVE PH3	2.3 STREET ADDRESS	5005 COLLINS AVENUE 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	Secretary, Treasurer, + Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, MIRTHA	3.2 NAME	Davis, Mirtha
STREET ADDRESS	5005 COLLINS AVE., #1017	3.3 STREET ADDRESS	5005 COLLINS AVENUE # 1017
CITY-ST-ZIP	MIAMI BEACH FL 33140	3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLESCHNER, NOAH	4.2 NAME	Fleschner, Noah
STREET ADDRESS	5005 COLLINS AVE #601	4.3 STREET ADDRESS	5005 COLLINS AVENUE #601
CITY-ST-ZIP	MIAMI BEACH FL 33140	4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUERRA, ELISEO	5.2 NAME	Guerra, Eliseo
STREET ADDRESS	5005 COLLINS AVENUE #1005	5.3 STREET ADDRESS	5005 COLLINS AVENUE # 1005
CITY-ST-ZIP	MIAMI BEACH FL 33140	5.4 CITY-ST-ZIP	MIAMI BEACH, FL 33140
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 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.

*Michael L. Hyman*

CR2E037 (11/98)