## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	1997		Secretary DIVISION OF CO	of State	Secret	ary of State	
DOCUMENT # N41965 (7)							
1342 DREXEL CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business			ig Address	<del></del>		AIN BEAN BURK BIRN ANN BIRN BIRN AIRN EAR	
1342 DREXEL AVE. C O ALEZ ORTIZ MIAMI BEACH FL 33139 PO BOX 190764							
US	L 33133	MAM	MIAMI BEACH FL 33119-0764		3. Date Incorporated or Qualified	3a. Date of Last Report	
					02/06/1991	04/26/1996	
2. Principal Place of Business			2a. Mailing Address		4. FEI Number 65-0241926	Applied For Not Applicable	
Suite, Apt.	#, etc.	Sı	uite, Apt. #, etc.	N/	5. Certificate of Status Desired	\$8.75 Additional	
City & State	, N'	27 Ci	ly & State		6. Election Campaign Financing	Fee Required \$5.00 May Be	
	51	28		Oto	Trust Fund Contribution	Added to Fees	
Zip 24	Country 25	Z)	· –	Country	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032,  Yes No	
	9. Name and Addre	ss of Current Register			10. Name and Address of New Ro	glatered Agent	
				81 Name			
				82 Street	82 Street Address (P.O. Box Jumber is Not Acceptable)		
150 SE 25TH RD. #9A MIAMI FL 33129					ACT		
WARREN TE COTE				84 City	<u> </u>	B5 Zip Code	
	<u></u>	· · · · · · · · · · · · · · · · · · ·					
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 farilliar with and accept the obligators of, Section 617.0503, Florida Statutes.							
SIGNATURE X Satur Church							
12.		of registered agent and little if ap FFICERS AND DIRECTO	· · · · · · · · · · · · · · · · · · ·	Hegistered Agent signature	a required when reinstating) ADDITIONS/CHANGES TO OFFI	DATE /	
TITLE	SD	THICENS AND DINECTO	□ DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFI	Change Addition	
NAME	SORRELL, DANIEL	•		1.2 NAME		·	
STREET ADDRESS	1342 DREXEL AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BCH. FL 33	139		1.4 CITY-ST-ZIP			
TITLE	PD	ız.	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME Street Adoress	RUSSELL, PATRIC 150 SE 25RD #9A			2.2 NAME 2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33129	•		2 4 CITY-ST-ZIP			
TITLE	T		DELETE	3.1 TITLE	OFFICER	Change Addition	
NAME	MORENO, CROTIL			3.2 NAME	MOREND, CLOTILDE 1342 DREXEL AVE. #	<b>~</b> 4	
STREET ADDRESS	1342 DREXEL AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL	33139	DELETE	3.4. CITY-ST-ZIP	MIAMI BEACH, FL		
TITLE NAME			- DETELE	4.1 TITLE 4. 2 NAME	TREASURER	☐ Change	
STREET ADDRESS				4.3 STREET ADDRESS	MICHAEL BOYLE 1342 DREXEL AVE #	206	
CITY-ST-ZIP				4.4 CITY-ST-ZIP	MIAMI BEACH FL		
TITLE			DELETE	5 1 TITLE		Change Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE			DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		Change Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
OTT/ OT 150				C L CITY OT TID			

6.4 CITY-ST-ZIP

14. I do 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.

**FILED** 

Feb 11 1997 8:00am