

FILE NOW: FILING FEE IS \$61.25

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**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 # N41965 (7)
Corporation Name
1342 DREXEL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **1342 DREXEL AVE. MIAMI BEACH FL 33139 US**
Mailing Address: **C O ALEZ ORTIZ PO BOX 190764 MIAMI BEACH FL 33119 US**

3. Date Incorporated or Qualified: **02/06/1991**
4. FEI Number: **65-0241926**
Applied For: Not Applicable:

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields for Suite, City & State, Zip, and 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: **RUSSELL, PATRICK 150 SE 25TH RD. #9A MIAMI FL 33129**

10. Name and Address of New Registered Agent (81-85): **BOYLE, MICHAEL 1342 DREXEL AVE. #206 MIAMI BEACH FL 33139**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: *Michael Boyle* **BOYLE, MICHAEL** **2/22/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SORRELL, DANIEL	
STREET ADDRESS	1342 DREXEL AVE #205	
CITY-ST-ZIP	MIAMI BCH. FL 33139	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUSSELL, PATRICK	
STREET ADDRESS	150 SE 25RD #9A	
CITY-ST-ZIP	MIAMI FL 33129	
TITLE	O	<input checked="" type="checkbox"/> DELETE
NAME	MORENO, CROTILDE	
STREET ADDRESS	1342 DREXEL AVE. #104	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BOYLE, MICHAEL	
STREET ADDRESS	1342 DREXEL AVE., #206	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SORRELL, DANIEL	
1.3 STREET ADDRESS	1342 DREXEL AVE #205	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RUSSELL, PATRICK	
2.3 STREET ADDRESS	150 SE 25TH RD. #9A	
2.4 CITY-ST-ZIP	MIAMI, FL 33129	
3.1 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MORENO, GEORGE	
3.3 STREET ADDRESS	1342 DREXEL AVE #104	
3.4 CITY-ST-ZIP	MIAMI BCH, FL 33139	
4.1 TITLE	T PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BOYLE, MICHAEL	
4.3 STREET ADDRESS	1342 DREXEL AVE. #206	
4.4 CITY-ST-ZIP	MIAMI BCH, FL 33139	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JACKSON, LEAH	
5.3 STREET ADDRESS	1342 DREXEL AVE. #103	
5.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Michael Boyle* **2/22/98**

CR2E037 (10/97)