FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

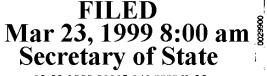
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N45008

3143 DAY AVENUE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
C/O ALEXANDRA S. CALAMAI 3143 DAY AVENUE. #B
COCONUT GROVE FL 33133

Mailing Address



03-23-1999 90007 040 ****61.25



C/O ALEXANDI 3143 DAY AVEI COCONUT GRO US	• • • • • • •	C/O CALAMAI. ALEXANDRA. 3143 DAY AVENUE. #B COCONUT GROVE FL 33133 US	\$						
2. Principal Pl	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed				
21		26			09/05/1991				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		plied For		
22		27			65-0358659	27 27 742	t Applicable		
City & State	9	City & State			5. Certifcate of Status Desired	\$8.75 A Fee Re			
Zip	Country	Zip	Country	,	6. Election Campaign Financing	\$5.00	May Be		
24	25 29 30				Trust Fund Contribution	Added t	to Fees		
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
			81	Name					
041 4141	ALEVANDOS C		-		Address (D.O. David No. in Not Accomtable)				
CALAMAI, ALEXANDRA S			82	Street A	Address (P.O. Box Number is Not Acceptable)				
3143 DAY	AVE.		83	<u> </u>			- 		
В			1						
	r GROVE FL 33133		84	'		FL 85 Zip (
office or re agent. 1 a	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation				corporation submits this statement for the purpos oration's board of directors. I hereby accept the a	e of changing its appointment as re	registered gistered		
SIGNATURE	Stgnature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Age	nt signature re	equired when reinstating) DA1	·-			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO			
TITLE	D	☐ DELETE	1.1 TITLE			Change	Addition		
NAME:	HADDOCK, BRUCE		1.2 NAME						
STREET ADDRESS	3143 DAY AVENUE - #A		1.3 STREE	TADDRESS					
	COCONUT GROVE FL 33133		1.4 CITY-5	T_7IP	n	•	· .		
CITY-ST-ZIP:	D ~	DELETE	2.1 TITLE	/1 ***		☐ Change	Addition		
		X	2.2 NAME		CALAHAI, ALEXANDI	CH			
NAME	LEVY, SANFORD			TADDRESS	3143 DAY AUE, # B				
STREET ADDRESS	3143 DAY AVENUE, #A			- 1	COOMET GROVE EI	2212	2		
CITY-ST-ZIP	COCONUT GROVE FL	No.	2. 4 CITY-	ST-ZIP	COCOUNT GROVE - FI	Change	Addition		
TITLE :	D	Selete -	3.1 TITLE	-		_ 090			
NAME	VORDOKAS, CHABACAMBOS	·	3.2 NAME		HARIE DJABALI		ļ		
STREET ADDRESS	5230 SW 76-81.	_ `		T ADDRESS	2945 BRIDGEPORT A	UE. #2	1		
CITY-ST-ZIP	MIAMI FL		3.4. CITY-	ST-ZIP	CV SAN C DON'T		Addition		
TITLE		☐ DELETE	4.1 TITLE		COCONDY GROVE - FL. 331	.33 □Change	□ wagaoon		
NAME	`		4. 2 NAME			- 5	1		
STREET ADDRESS			4.3 STREE	T ADDRESS	• ;				
CITY-ST-ZIP	•		4.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE			Change	Addition		
NAME	_		5.2 NAME				ļ		
STREET ADDRESS			5.3 STREE	TADDRESS			1		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition		
			6.2 NAME	l			1		
NAME				TADDRESS		•	ļ		
STREET ADDRESS	Large Const		64 CITY-						
	and the state of t		■ 0.4 CJ Y - 3	314/IF					

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.

SIGNATURE: Q