

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	--

DOCUMENT # **N93000001802 (8)**

1. Corporation Name

DECOLUX CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

826 EUCLID AVENUE
MIAMI BEACH FL 33139
US

826 EUCLID AVE
~~830 EUCLID AVENUE #1~~
MIAMI BEACH FL 33139
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **826 EUCLID AVE**

22 City & State

27 City & State

23 Zip

Country

28 **MIAMI BEACH FL**

Zip

Country

24

25

29 **33139**

30

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/22/1993

4. FEI Number

65-0415481

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

DONNELLY, JAMES
826 EUCLID AVE
MIAMI FL 33139

81 Name

LOUIS MOSCHOVAS

82 Street Address (P.O. Box Number is Not Acceptable)

826 EUCLID AVE

83 #5

84 City **MIAMI BEACH**

FL

85 Zip Code **33139**

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

[Signature]

LOUIS MOSCHOVAS, SECRETARY

4/10/98

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	P	<input type="checkbox"/> DELETE
NAME	MIRANDA, SILVIO	
STREET ADDRESS	830 EUCLID AVE, #2	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SHEA, TERESA	
STREET ADDRESS	830 EUCLID AVE, #8	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOSCHOVAS, LOUIS	
STREET ADDRESS	826 EUCLID AVE, #5	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DONNELLY, JAMES	
STREET ADDRESS	826 EUCLID AVE, #12	
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	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MIRANDA, SILVIO	
1.3 STREET ADDRESS	830 EUCLID AVE #2	
1.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MOSCHOVAS, LOUIS	
3.3 STREET ADDRESS	826 EUCLID AVE #5	
3.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
4.1 TITLE	T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DONNELLY, JAMES	
4.3 STREET ADDRESS	826 EUCLID AVE #12	
4.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 in an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/98

Date

Daytime Phone # **0027352**

CR2E037 (10/97)