FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N94000001218 (6)

FILED Apr 03 1998 8:00am Secretary of State

THEN I CONDOMINIUM H ASSOCIATION, INC.							
Principal Place of Business		Mailing Address				1 ABBITTOL DIN TOTAL BERT DENI DOTAL DESIL BETT DENI TOTAL TOTAL TOTAL TIMES TABLE TOTAL TOTAL TOTAL TOTAL TOTAL	ĮI.
			700 N.W. 107TH AVE. MAMI FL 33172			3. Date Incorporated or Qualified 03/10/1994	
•						4. FEI Number Applied For	
2. Principal P	Place of Business	1 2a	Mailing Address			65-0531652 Not Applice	
21		26	6			5. Certificate of Status Desired S8.75 Additiona Fee Required	d
Sulte, Apt.	#, etc.	27	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
[City&Stat	е —	City & State				7. Is this nonprofit corporation a homeowners association?	
23		28				☐ Yes ☐ No	
Zip 24	Country			Country		8. This corporation owes or has paid the current year Intangible	
24	25 Name and Address of Curre	29 ent Regist	ered Anent	30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
				81	Name		
EI HELID	, CHRISTOPHER J.				<u> </u>		
4373 ROCKISLAND RD				82	Street	at Address (P.O. Box Number is Not Acceptable)	
LAUDERHILL FL 33319			83				
—				84	Cir.	leal 7: Out	
				04	City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.05	02 and 61	7.1508, Florida Statu	utes, the abov	e-named	ed corporation submits this statement for the purpose of changing its register progration's board of directors. I hereby accept the appointment as registere	red
agent. I a	m familiar with, and accept the obli	gations of,	Section 617.0503, F	lorida Statute	3.	inportation is board of directors. Thereby accept the appointment as registere	,,,
SIGNATURE .							
12.	Signature, typed or printed name of registered a OFFICERS A			TE: Registered Age	ent signature	re required when rehelating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	ND DINEC	DELETE	1.1 TITLE		Change Addi	lition
NAME	KAUFMAN, LILLIAN		OLCCIA	1.2 NAME		U diange U side	
STREET ADDRESS	7838 TRENT DR.			1.3 STREET	ADORESS		
CITY-ST-ZIP	TAMARAC FL			1.4 CITY-5			
TITLE	VD		DELETE	2.1 TITLE		Change Addi	lition
NAME	KEZNER, MAC			2.2 NAME			
STREET ADDRESS	7870 TRENT DR.			2.3 STREET	ADDRESS		
CITY-ST-ZIP	TAMARAC FL		_	2.4 CITY-	ST-ZIP	*	
TITLE	VD_		DELETE	3.1 TITLE	•	Change Addi	ition
NAME	Lusthaus, sanford		-	3.2 NAME		WARNER, 6LADYS 7834 TRENT DR.	
STREET ADDRESS	7828 IRDNY OR			3.3 STREET	ADDRESS	7994 1 REIT DI	
CITY-ST-ZIP	FAMARAC PL			3.4. CITY-	ST-ZIP	TAMARAC, FL 33331	
TITLE	\$0		DELETE	4.1 TITLE		SD Change Addi	ition
NAME	HAUSTHOP, SEYMOR			4. 2 NAME		FUSFELD, SHIRLEY	
STREET ADDRESS	7840 DRENT OR.			4.3 STREET		TAMARAC, FL 33321	
CITY-ST-ZIP	TAMARAC FÈ		December 1	4.4 CITY - 9	T-ZIP		
TITLE	TD COV BON		☐ DELETE	5.1 TITLE		☐ Change ☐ Addi	шол
NAME OTRET ADDRESS	FOX, RON			5.2 NAME	1000000		
STREET ADDRESS	7880 TRENT DR.			5.3 STREET		'	
CITY-ST-ZIP TITLE	TAMARAC FL		☐ DELETE	5.4 CITY - 5 6.1 TITLE	I-ZIP	Change Addi	ition
						Change Audi	1000
NAME STREET ADDRESS				6.2 NAME	VDU DE GE		
STREET ADDRESS				6.3 STREET		'	
CITY-ST-ZIP	certify that the information cumplied	with this fit	ing does not qualify	6.4 CITY - S		ted in Section 119 07/3\(\text{ii}\) Florida Statutes. I further certify that the informati	

Interest certay that the information supplied with this little does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes: Turner 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.

31.4 108 911.124 NV38