

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 23 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000001352 (3)**  
1. Corporation Name  
**WESTGATE MIAMI BEACH CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>16701 COLLINS AVE. MIAMI BEACH FL 33160</b>	Mailing Address <b>3850 HOLLYWOOD BLVD SUITE 400 HOLLYWOOD FL 33021 US</b>
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<b>21</b> Principal Place of Business Suite, Apt. #, etc.	<b>22</b> City & State	<b>23</b> Zip	<b>24</b> Country	<b>25</b> Mailing Address Suite, Apt. #, etc.	<b>26</b> City & State	<b>27</b> Zip	<b>28</b> Country	<b>29</b>	<b>30</b>
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<b>3.</b> Date Incorporated or Qualified <b>03/15/1994</b>		
<b>4.</b> FEI Number <b>65-0490691</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
<b>7.</b> Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**

**CORNFELD, ROBERT M  
3850 HOLLYWOOD BLVD., STE 400  
200 SOUTH ORANGE AVE.  
HOLLYWOOD FL 33021**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> Zip Code	

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP CORNFELD, ROBERT M 3850 HOLLYWOOD BLVD., SUITE 400 HOLLYWOOD FL 33021	<input type="checkbox"/> DELETE	
TITLE	DV METZ, HELENE G 3850 HOLLYWOOD BLVD., SUITE 400 HOLLYWOOD FL 33021	<input checked="" type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DST CORNFELD, JEFFREY D 3850 HOLLYWOOD BLVD., SUITE 400 HOLLYWOOD FL 33021	<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	<input checked="" type="checkbox"/> Addition	
2.2 NAME	Shepherd, John	
2.3 STREET ADDRESS	3850 Hollywood Blvd, Suite 400	
2.4 CITY - ST - ZIP	Hollywood FL 33021	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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 as an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **4/13/98** **954) 989-2200**

CP2E037 (10/97)