

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS



FILED

99 FEB - 1 AM 10: 50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N97000000356**  
1. Corporation Name  
**CENTER FOR COMMUNITY AND CONDOMINIUM LIVING, INC.**

Principal Place of Business Mailing Address  
**21155 HELMSMAN DR. APT. 414 AVENTURA, FL 33180** **PO BOX 800417 AVENTURA, FL 33280-0417**

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-02/09/99--01115--008  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

2. Principal Place of Business

21 Suite, Apt #, etc.  
22 City & State  
23 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified  
**1/23/97**

4. FEI Number  
**65-0732330**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent  
**STEPHEN M. HOLLOWAY, Ph.D.  
BARRY UNIV. SCHOOL OF SOCIAL WORK  
11300 NE SECOND AVE.  
MIAMI SHORES, FL 33161-6695**

10. Name and Address of New Registered Agent  
81 Name **PAUL LIBERT**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**21155 HELMSMAN DR. 414**  
83  
84 City **AVENTURA** FL 85 Zip Code **33180**

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 **Paul Libert** **PAUL LIBERT** **1/29/99**  
Signature, typed or printed name of registered agent and the filer if applicable (NOTE: Registered Agent signature required when re-stating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>C. PATRICIA ROGERS-LIBERT</b>
STREET ADDRESS	<b>21155 HELMSMAN DR. 414</b>
CITY-ST-ZIP	<b>AVENTURA, FL 33180</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>PAUL LIBERT</b>
STREET ADDRESS	<b>21155 HELMSMAN DR. 414</b>
CITY-ST-ZIP	<b>AVENTURA, FL 33180</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>STEPHEN M. HOLLOWAY</b>
STREET ADDRESS	<b>11300 NE SECOND AVE.</b>
CITY-ST-ZIP	<b>MIAMI SHORES, FL 33161</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>MARK GERSTELF</b>
STREET ADDRESS	<b>19492 BISCAYNE BLVD STE. 705</b>
CITY-ST-ZIP	<b>AVENTURA, FL 33180</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>MARK BRAUN</b>
STREET ADDRESS	<b>2033J NE 37 CT, #160P</b>
CITY-ST-ZIP	<b>AVENTURA, FL 33180</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>MAOHI BENSON</b>
STREET ADDRESS	<b>1200 NE MIAMI GARDENS DR. # 70F</b>
CITY-ST-ZIP	<b>N. MIAMI BEACH, FL 33179</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>JAY BESKIN</b>
13 STREET ADDRESS	<b>17890 NE 31 CT. #3201</b>
14 CITY-ST-ZIP	<b>AVENTURA, FL 33180</b>
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<b>DR. ROBERT WOLF</b>
23 STREET ADDRESS	<b>538 NE 194 LANE</b>
24 CITY-ST-ZIP	<b>N. MIAMI BEACH, FL 33179</b>
31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>ERIL GLAZER</b>
33 STREET ADDRESS	<b>20801 BISCAYNE BLVD. 7D FL.</b>
34 CITY-ST-ZIP	<b>AVENTURA, FL 33180</b>
41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	<b>PAUL LIBERT</b>
43 STREET ADDRESS	<b>21155 HELMSMAN DR. 414</b>
44 CITY-ST-ZIP	<b>AVENTURA, FL 33180</b>
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>JAY HEISEL</b>
53 STREET ADDRESS	<b>3303 ARUBA WAY # 01</b>
54 CITY-ST-ZIP	<b>COCONUT CREEK, FL 33066</b>
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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. 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: **Paul Libert** **PAUL LIBERT** **1/29/99** **(305) 933-9775**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)