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1995 MAY -1 PM 7:30

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000003638 (3)**

1. Corporation Name
1211 PENNSYLVANIA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~1111 LINCOLN ROAD, #605~~ ~~MIAMI BEACH FL 33139~~	~~1111 LINCOLN ROAD, #605~~ ~~MIAMI BEACH FL 33139~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/22/1994
3a. Date of Last Report:
4. FEI Number: 65-0530049 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1211 PENNSYLVANIA AVE	26 855 AVE. OF THE AMERICAS
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 c/o BOGEN - ST. 609
City & State 23 MIAMI BEACH FL.	City & State 28 NEW YORK, NY
Zip / Country 24 33139 / 25	Zip / Country 29 10001 / 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES INC. 1201 HAYES STREET TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	VODA, TIMOTHY	12 NAME	
STREET ADDRESS	1111 LINCOLN ROAD, #804	13 STREET ADDRESS	NOT AN OFFICER
CITY-ST-ZIP	MIAMI BEACH FL 33139	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	IRIGOGEN, BERT	22 NAME	
STREET ADDRESS	1111 LINCOLN ROAD, #804	23 STREET ADDRESS	NOT AN OFFICER
CITY-ST-ZIP	MIAMI BEACH FL 33139	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	MARTINEZ, LAZARO	32 NAME	
STREET ADDRESS	1111 LINCOLN ROAD, #804	33 STREET ADDRESS	NOT AN OFFICER
CITY ST ZIP	MIAMI BEACH FL 33139	34 CITY-ST ZIP	
TITLE		41 TITLE	☐ Change ☒ Addition
NAME		42 NAME	D.P. ERNEST BOGEN
STREET ADDRESS		43 STREET ADDRESS	41 WOODS LANE
CITY ST ZIP		44 CITY ST ZIP	BOYNTON BEACH, FL. 33436
TITLE		51 TITLE	D ☐ Change ☒ Addition
NAME		52 NAME	RITA BOGEN
STREET ADDRESS		53 STREET ADDRESS	41 WOODS LANE
CITY ST ZIP		54 CITY ST ZIP	BOYNTON BEACH, FL. 33436
TITLE		61 TITLE	D ☐ Change ☒ Addition
NAME	~~Now~~ 5-1-95	62 NAME	CLAUDIA BOGEN
STREET ADDRESS		63 STREET ADDRESS	245 E. 13 ST. #12 NYC 10003
CITY ST ZIP		64 CITY ST ZIP	DEPOSITED BY BANK

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ ERNEST BOGEN 4/11/95 212-563-4823
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007661