FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N33307 (2)

1. Corporation Name
THE CARRIAGE CLUB NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
5005 COLLINS AVENUE
MIAMI BEACH FL 33140

Mailing Address
5005 COLLINS AVENUE
MIAMI BEACH FL 33140

3. Date Incorporated or Qualified: 07/19/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 5005 Collins Avenue
Suite, Apt. #, etc. 22
City & State 23 Miami Beach, FL.
Zip 24 33140 Country 25 USA

2a. Mailing Address
26 5005 Collins Avenue
Suite, Apt. #, etc. 27
City & State 28 Miami Beach, FL.
Zip 29 33140 Country 30 USA

4. FEI Number 65-0128840 — 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
HYMAN, MICHAEL L.
44 WEST FLAGLER ST.
14TH FLOOR COURTHOUSE TOWER
MIAMI FL 33130

10. Name and Address of New Registered Agent
81 Name: Hyman, Michael L.
82 Street Address (P.O. Box Number is Not Acceptable): 44 West Flagler Street
83 14th Floor Courthouse Tower
84 City: Miami FL 85 Zip Code: 33130

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 1/31/96

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	ALVAREZ, MICHAEL	
STREET ADDRESS	5005 COLLINS AVE., STE. 1203	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	VD	☒ DELETE
NAME	HERNANDEZ, MARIA	
STREET ADDRESS	5005 COLLINS AVE.,SUITE 506	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	STD	☐ DELETE
NAME	DAVIS, MIRTHA	
STREET ADDRESS	5005 COLLINS AVE., PH 1017	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VPD	☒ DELETE
NAME	ALONSO, JOSE	
STREET ADDRESS	5005 COLLINS AVE., #1524	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE	D	☐ DELETE
NAME	FLESCHNER, NOAH	
STREET ADDRESS	5005 COLLINS AVENUE #601	
CITY-ST-ZIP	MIAMI BEACH FL 33140	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☐ Change ☒ Addition
1.2 NAME	Lawrence Fisher	
1.3 STREET ADDRESS	5005 Collins Ave. STE. 1022	
1.4 CITY-ST-ZIP	Miami Beach, FL. 33140	
2.1 TITLE	VD	☐ Change ☒ Addition
2.2 NAME	Frank Terzo	
2.3 STREET ADDRESS	5005 Collins Ave. PH3	
2.4 CITY-ST-ZIP	Miami Beach, FL. 33140	
3.1 TITLE	VPD	☐ Change ☒ Addition
3.2 NAME	Louis Goldblatt	
3.3 STREET ADDRESS	5005 Collins Ave. STE. 110	
3.4 CITY-ST-ZIP	Miami Beach, FL. 33140	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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: _____ - Sec/Treas. 2.6.96 (305) 866.6156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MIRTHA M. DAVIS

CR2E037 (12/95)