

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 722754 (9)

1. Corporation Name

PEARL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

~~3300 SW 98 AVE
DADE FL 33204
08 XXXXXX~~

~~3300 SW 98 AVE
DADE FL 33204
08 XXXXXX~~

3. Date Incorporated or Qualified
02/23/1972

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21 **C/O CMS 5310 N. SR 7**

26 **5310 N. SR 7**

4. FEI Number

59-1535216

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **D**

27 **D**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

City & State

City & State

23 **FT. LAUDERDALE FL**

28 **FT. LAUDERDALE FL**

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 **33319**

25 **BROWARD**

29 **33319**

30 **BROWARD**

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

~~PRESTIGE PROPERTY MGMT & MAINTENANCE INC
3300 SW 98 AVE
DADE FL 33204
08 XXXXXX~~

81 Name

COOPERATIVE MGMT SERVICES

82 Street Address (P.O. Box Number is Not Acceptable)

5310 N. STATE ROAD 7 SUITE D

83

FORT LAUDERDALE, FL 33319

84 City

FL 33319

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

Alan R. Cohen

ALAN R. COHEN MARCH 8, 1996

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE

NAME **SANDLER, BERNARD**
STREET ADDRESS **4151 NW 41 ST #102**
CITY-ST-ZIP **LAUDERDALE LKS FL**

TITLE **VD** ☒ DELETE

NAME **RIEMER, PEARL**
STREET ADDRESS **4151 NW 41 ST #305**
CITY-ST-ZIP **LAUDERDALE LKS FL**

TITLE **SD** ☒ DELETE

NAME **RIEMER, PEARL**
STREET ADDRESS **4151 NW 41ST ST #305**
CITY-ST-ZIP **LAUDERDALE LKS FL**

TITLE **TD** ☐ DELETE

NAME **FUHRMAN, AL**
STREET ADDRESS **4191 NW 41ST ST #216**
CITY-ST-ZIP **LAUDERDALE LKS FL**

TITLE **D** ☐ DELETE

NAME **KATZ, J**
STREET ADDRESS **4191 NW 41ST ST #108**
CITY-ST-ZIP **LAUDERDALE LKS FL**

TITLE **D** ☐ DELETE

NAME **ELCANESS, G**
STREET ADDRESS **4151 NW 41ST ST #408**
CITY-ST-ZIP **LAUDERDALE LKS FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S** ☒ Change ☐ Addition

1.2 NAME **BLUM, FLORENCE**
1.3 STREET ADDRESS **4151 NW 41 STREET #110**
1.4 CITY-ST-ZIP **LAUDERDALE LKS FL 33315**

2.1 TITLE **M** ☒ Change ☐ Addition

2.2 NAME **CAHMI, MORRIS**
2.3 STREET ADDRESS **4151 NW 41 STREET #419**
2.4 CITY-ST-ZIP **LAUDERDALE LKS FL 33315**

3.1 TITLE **D** ☒ Change ☐ Addition

3.2 NAME **BLUM, CARL**
3.3 STREET ADDRESS **4151 NW 41 STREET #110**
3.4 CITY-ST-ZIP **LAUDERDALE LKS FL 33315**

4.1 TITLE **AD** ☒ Change ☐ Addition

4.2 NAME **TREMBLAY, ANDRE**
4.3 STREET ADDRESS **4151 NW 41 STREET #406**
4.4 CITY-ST-ZIP **LAUDERDALE LKS FL 33315**

5.1 TITLE **AD** ☒ Change ☐ Addition

5.2 NAME **VENNE, JOE**
5.3 STREET ADDRESS **4151 NW 41 STREET #401**
5.4 CITY-ST-ZIP **LAUDERDALE LKS FL 33315**

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:

Bernard Sandler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)