

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 # **732671** (3)

1. Corporation Name

709 CURTISS PARKWAY CONDOMINIUM ASSOCIATION INC.



Principal Place of Business

Mailing Address

**709 CURTISS PARKWAY
MIAMI SPRINGS FL 33166**

**709 CURTISS PARKWAY
MIAMI SPRINGS FL 33166**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. *Same*
22 City & State *Same*
23 Zip *Same*
24 Country *Same*

26 Suite, Apt. #, etc. *Same*
27 City & State *Same*
28 Zip *Same*
29 Country *Same*

3. Date Incorporated or Qualified

05/05/1975

3a. Date of Last Report

06/02/1995

4. FEI Number

59-1640243

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

**BERGEN, RICHARD
709 CURTISS PKWY 23
MIAMI SPRINGS FL 33166**

10. Name and Address of New Registered Agent

81 Name *Mary Cavallaris*
82 Street Address (P.O. Box Number is Not Acceptable)
709 Curtiss Pkwy #24
83
84 City *Miami Springs* FL 85 Zip Code *33166*

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

Samuel T. Henshey
Signature, typed or printed name of registered agent and person submitting

(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	PHILLIPS, MARION	
STREET ADDRESS	709 CURTISS PKWY 30	
CITY - ST - ZIP	MIAMI SPRINGS FL	
TITLE	VD	☐ DELETE
NAME	GURA, HELENA	
STREET ADDRESS	709 CURTISS PKWY 21	
CITY - ST - ZIP	MIAMI SPRINGS FL	
TITLE	SD	☒ DELETE
NAME	LASCARI, CAMILLE	
STREET ADDRESS	709 CURTISS PKWY. #31	
CITY - ST - ZIP	MIAMI SPRINGS, FL 00000	
TITLE	TD	☒ DELETE
NAME	BERGEN, RICHARD	
STREET ADDRESS	709 CURTISS PKWY. #23	
CITY - ST - ZIP	MIAMI SPRINGS, FL 00000	
TITLE	D	☐ DELETE
NAME	HENSHEY, SAM	
STREET ADDRESS	709 CURTISS PKWY 14	
CITY - ST - ZIP	MIAMI SPRINGS FL	
TITLE	MOATS, Viki	☐ DELETE
NAME	709 Curtiss Pkwy 10	
STREET ADDRESS	Miami Springs, FL	
CITY - ST - ZIP		

11 TITLE	CAVALLARIS, MARY	☐ Change ☒ Addition
12 NAME	Mary	
13 STREET ADDRESS	709 Curtiss Pkwy 24	
14 CITY - ST - ZIP	Miami Springs FL	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96 305-888-5122
Daytime Phone

CR2E037 (12/95)