

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 # 724580 (6)
1. Corporation Name
TALLWOOD NORTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1600 TALLWOOD AVE
HOLLYWOOD FL 33021**

Mailing Address
**1600 TALLWOOD AVE
HOLLYWOOD FL 33021**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/18/1972		3a. Date of Last Report 04/07/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1514653		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GOLDBERG SAMUEL
1600 TALLWOOD AVE, APT. 201
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

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 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, SAMUEL	1.2 NAME	
STREET ADDRESS	1600 TALLWOOD AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	BPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, STEVEN	2.2 NAME	
STREET ADDRESS	4320 WASHINGTON ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWARTZ, FAYE G	3.2 NAME	D. DEAN RENWICK
STREET ADDRESS	1600 TALLWOOD AVE	3.3 STREET ADDRESS	1600 TALLWOOD AVE
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33021
TITLE	TD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHALEY, IRENE	4.2 NAME	ANTONIO ST. PIERRE
STREET ADDRESS	1600 TALLWOOD AVE.	4.3 STREET ADDRESS	4320 WASHINGTON ST.
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33021
TITLE	TD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, DORIS	5.2 NAME	DORIS NALESNIK
STREET ADDRESS	4320 WASHINGTON ST.	5.3 STREET ADDRESS	1600 TALLWOOD AVE
CITY-ST-ZIP	HOLLYWOOD FL	5.4 CITY-ST-ZIP	HOLLYWOOD, FL. 33021
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	ALTERNATE TREASURER
STREET ADDRESS		6.3 STREET ADDRESS	IRENE WHALEY
CITY-ST-ZIP		6.4 CITY-ST-ZIP	1600 TALLWOOD AVE.

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:

Samuel Goldberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL GOLDBERG PRES.

3-14-96 954-966 8565

Date

Daytime Phone #

CR2E037 (12/95)