FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

751722

DOCUMENT # 1. Corporation Name	751722	(0)
THE CONSULATE C	ONDOMINIUM ASSO	CIATION, INC.

			· · · · · · · · · · · · · · · · · · ·				
Principal Place of Business Mailing Address					10. 0.0 0.0 0.0		
1900 CONSU W PALM BCF	* *	1900 CONSULATE PLA W PALM BCH. FL 3340					
					3. Date incorporated or Qualified 03/26/1980	3a. Date of L 03/29	ast Report 9/1995
21	lace of Business	2a. Mailing Address 26			4. FEI Number 59-2069 169		Applied For Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·		5. Certificate of Status Desired	1 7	.75 Additional ee Required
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zip 24	Country 25	Zip 29	Country 30		This corporation has liability for in Florida Statutes	itangible tax unde Yes 🔼 No	er s. 199.032,
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
00000			81	Name			
GORDON, MELVIN 1900 CONSULATE PLACE		82	82 Street Address (P.O. Box Number is Not Acceptable)				
	N BEACH FL 33401		83				
			84	City		FI 85	Zip Code
SIGNATURE	SMAR DOT NUMBER OR DON'S agent	don	OTE Registered Ager		and of directors. I hereby accept the appoint red when renstating: ADDITIONS/CHANGES TO OFFICE	DATE	
TITLE	1	DELETE	1 1 TITLE			Chan	
NAME	FRANKLIN, LEO	74	12 NAME	ı	T AND DRIVE	-Ж	*
STREET ADDRESS	1900 CONSULATE PLACE		1.3 STREET	ANNUBLES I	LAKS, ERNEST		
CITY-ST-ZIP	W PALM BCH FL		1.4 CITY - S	r-ZIP	1900 CONSULATE PLA WEST PALM BEACH, P	ÇE	
TITLE	S	DELETE	21 TITLE		WEST PALM BEACH, P	☐ Chan	ge 🔲 Addition
NAME	WOLF, JOHN		2.2 NAME				
STREET ADDRESS	1900 CONSULATE PLACE		2 3 STREET	ADDRESS			
CITY-ST-ZI2	W PALM BCH FL		2 4 CITY-	ST - ZIP			
TITLE	D REDOTE LEGILADO	DELETE	3 1 THTLE			Chan	ge 🔲 Addition
NAME	ISROFF, LEONARD 1900 CONSULATE PLACE		3 2 NAME				
STREET ADDRESS	W PALM BCH FL		3 3 STREET				
CITY-ST-ZIP TITLE	P		3.4 CITY - 5 4.1 TITLE	51 - ZIP		[] Chan	ge
NAME I	GORDON, MELVIN		4. 2 NAME			Crian	ac Throman
STREET ADDRESS	1900 CONSULATE PLACE		4.3 STREET	ADDRESS			
CITY-ST-ZIP	W PALM BCH FL		44 CHTY-S	1			
TITLE	DV	DELETE	5 1 TITLE	-		☐ Chan	ge 🔲 Addition
NAME	SELTZER, HAROLD		5.2 NAME				
STREET ADDRESS	1900 CONSULATE PLACE		5 3 STREET	ADDRESS			
CITY-ST-ZIP	W PALM BCH FL		5.4 CiTY+S	T - ZIP			
TITLE	D	DELETE	61 TITLE			Chan	ge 🔲 Addition
NAME	WEINSTEIN, BERNARD		6.2 NAME				
STREET ADDRESS	1900 CONSULATE PLACE		6.3 STREET	ADDRESS			
DITY_\$1.7IP	W PALM BCH FL		CACITY C	7 710			

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 certify 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 17 if changed, or the name appears in Block 12 or Block 17 if changed.

SIGNATURE:

MENUTE IN TYCORD ON NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #