

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATION

DOCUMENT # N41878 (2)

1. Corporation Name

L'EXCELLENCE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5757 COLLINS AVE.
ADMIN OFFICE
MIAMI BCH. FL 33140
US5757 COLLINS AVE.
ADMIN OFFICE
MIAMI BCH. FL 33140-2300
US3. Date Incorporated or Qualified
01/30/19913a. Date of Last Report
03/08/1996

4. FEI Number

65-0247650

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PISANO, PAT
5757 COLLINS AVENUE
MIAMI BCH. FL 33140

81 Name

Anthony A. Kalliche, Esquire

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

Becker & Polakoff, P.A.

83

5201 Blue Lagoon Drive, #100

84 City

Miami

FL

85

Zip Code
33126

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

Kalliche Becker + Polakoff PA

1/15/97

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
NAME CANTOR, BERNARD MD
STREET ADDRESS 5757 COLLINS AVE. APT. 806
CITY - ST - ZIP MIAMI BCH., FL 33140 ☐ DELETETITLE VD
NAME KUPERSTEIN, JOAN
STREET ADDRESS 5757 COLLIN AVENUE APT. 1201-2
CITY - ST - ZIP MIAMI BCH., FL ☐ DELETETITLE TD
NAME KUPFERMAN, JOEL
STREET ADDRESS 5757 COLLINS AVE. APT. 603
CITY - ST - ZIP MIAMI BCH. FL 33140 ☐ DELETETITLE SD
NAME FISHER, MAXINE
STREET ADDRESS 5757 COLLINS AVE. APT. 407
CITY - ST - ZIP MIAMI BCH., FL 33140 ☒ DELETETITLE D
NAME SALAZAR, JACQUELIN MD
STREET ADDRESS 5757 COLLINS AVE. APT. 1403
CITY - ST - ZIP MIAMI BCH., FL 33140 ☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0020627

CR2E037 (9/96)