FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

759058

(1)

SUBURBANITE CONDOMINIUM ASSOCIATION, INC.

***************************************	A Purious									
Principal Place of Business		Mailing Address								
3701 TYLER STREET HOLLYWOOD FL 33021 HOLLYWOOD FL 33021-6862			32				•			
							3. Date Incorporated or Qualified 07/09/1981	3a. Date of Last R 02/08/19	leport 96	
······································	lace of Business	F	2a. Mailing Address				4. FEI Number 59-1011036		oplied For	1
21[26					Teot Applicable			1
Suite, Apt. #, etc		27 Suite, #	***************************************				5. Certificate of Status Desired	Fee Required		
City & State		City & State					6. Election Campaign Financing \$5.00 May Be]
23		28					Trust Fund Contribution		to Fees	
Zip	Country	Zip			intry		8. This corporation has liability for i		. 199.032,	
24	25 9. Name and Address of Currer	29	ant	30	т			Yes 1 No		-
	s. Name and Address of Curren	ii negisteren Al	lour		81	Name _	10. Name and Address of New Re	gistered Agent	······································	┨
MACUMA	AAL IDURALAN					Doi	nna D. Berger(Bec		koff,P	, A
NACHMAN, IRVIN W.				82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		1	
4441 STIRLING ROAD FT. LAUDERDALE FL 33314			83			31.	ll Stirling Road		· · · · · · · · · · · · · · · · · · ·	-
FI. LAU	DERUALE PL 33314				63			•		
						City Ft	. Lauderdale	FL 85 33	2000 312-65	25
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508	Florida Statut	es, the a	bove-i	named corpo	ration submits this statement for the p in's board of directors. I hereby accep	urpose of changing it	ts registered	1
agent. I a	m familiar with, and accept the oblig	ations of Section	change was a 617 0503, Fk	iutnorize xida Stal	a by t tutes:	ne corporatio	in a board of directors. I hereby accep	ot the appointment as	registered	
SIGNATURE	(ornor	650 out						24/97		
- Olorwitone	Signalors, typed or printed name of registered age) (NOT	: Registere	d Agent	signature required		DATE		
12.		D DIRECTORS		13.		··· · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC			96/6)
TITLE	\$		DELETE	1.1 7	ITLE			☐ Change	Addition	9
NAME	LITTLE, IRENE			1.2 N	AME					3
STREET ADDRESS	3701 TYLER ST			1.3 S	treet al	DORESS				
CITY - ST - ZIP	HOLLYWOOD, FL 00000				ity-st-	ZIP				CR2E037
TITLE	VD		X DELETE	2.1 1	TLE	VI)	Change	Addition	P
NAME	MARIN, CATHERINE			2.2 N	AME	Jo	ohn Peat			ı
STREET ADDRESS	3701 TYLER ST			2.3 \$	treet aj	DORESS 3'	701 Tyler St.			
CITY - ST - ZIP	HOLLYWOOD FL				HTY-ST		ollywood FL			_
TITLE	D		DELETE	3.1 Ti		"		☐ Change	Addition	
NAME	TASSE, MAURICE			3.2 N						
STREET ADDRESS	3701 TYLER STREET				TREET A					
CITY+ST-ZIP	HOLLYWOOD FL		<u>הרוכיר</u>		HY-ST	- ZIP				1
TITLE	PD OF		DELETE	4.1 TI				Change	Addition	
NAME	LEMME, CEIL			4.2 A						
STREET ADDRESS	3701 TYLER ST				TREET AI					
CITY-ST-ZIP	HOLLYWOOD, FL 0		LDELETE		TY-\$T-	ZIP		——————————————————————————————————————	ann Marken	1
TITLE	I DIONDO DUEN		DELETE	5.1 Ti				☐ Change	Addition	
NAME	BIONDO, RUTH			5.2 N	AME					
STREET ADDRESS	3701 TYLER ST			5.3 S	treet al	DORESS			:	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	·	05:555		TY-ST-	ZIP				1
TITLE	D		DELETE	6.1 TI				☐ Change	Addition	
NAME	FLINN, WILLIAM			6.2 N	AME					
STREET ADDRESS	3701 TYLER ST			6.3 \$	TREET A	DORESS				
CITY CT 710	HOU YWOOD EI				TV CT	710				1

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 if changed, or on an attactionent with an address.

SIGNATURE

MATURE AND TYPED OR PROVIED NAME OF SIGNING OFFICER OF DESIGNA C. LILLIE

1/24/97

(954-983-4898)

FILED

Feb 03 1997 8:00am

Secretary of State