

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**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

Mailing Address

**1600 TALLWOOD AVE  
HOLLYWOOD FL 33021****1600 TALLWOOD AVE  
HOLLYWOOD FL 33021-7975**

3. Date Incorporated or Qualified

**10/18/1972**

3a. Date of Last Report

**03/26/1996**

4. FEI Number

**59-1514653**

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

## 10. Name and Address of New Registered Agent

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

81 Name

**RICHARD NALESNIK**

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

**1600 TALLWOOD AVE 209**

83

**HOLLYWOOD**

84 City

**FL**

85 Zip Code

**33021**

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 617.0603, Florida Statutes.

SIGNATURE

**1-8-97**

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	<input checked="" type="checkbox"/> DELETE
NAME	GOLDBERG, SAMUEL	
STREET ADDRESS	1600 TALLWOOD AVE.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	BPD	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, STEVEN	
STREET ADDRESS	4320 WASHINGTON ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	WHALEY, IRENE	
STREET ADDRESS	1600 TALLWOOD AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NALESNIK, DORIS	
STREET ADDRESS	1600 TALLWOOD AVE.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ST. PIERRE, ANTONIO	
STREET ADDRESS	4320 WASHINGTON STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RICHARD NALESNIK	
1.3 STREET ADDRESS	1600 TALLWOOD AVE	
1.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DANIEL CARDONE	
4.3 STREET ADDRESS	1600 TALLWOOD AVE	
4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BERNDA LOUGE	
5.3 STREET ADDRESS	4320 WASHINGTON ST	
5.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0021592

CP2E037 (9/96)