

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 25 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33307 (2)

1. Corporation Name:

THE CARRIAGE CLUB NORTH CONDOMINIUM ASSOCIATION,
INC.

Principal Place of Business

Mailing Address

5005 COLLINS AVENUE
MIAMI BEACH FL 331405005 COLLINS AVENUE
MIAMI BEACH FL 33140-2753

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/19/1989

3a. Date of Last Report

02/20/1996

4. FEI Number

65-0128840

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

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, LAWRENCE	
STREET ADDRESS	5005 COLLINS AVE. STE 1022	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TERZO, FRANK	
STREET ADDRESS	5005 COLLINS AVE PH3	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DAVIS, MIRTHA	
STREET ADDRESS	5005 COLLINS AVE., PH 1017	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	GOLDBLATT, LOUIS	
STREET ADDRESS	5005 COLLINS AVE STE 110	
CITY - ST - ZIP	MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLESCNER, NOAH	
STREET ADDRESS	5005 COLLINS AVENUE #601	
CITY - ST - ZIP	MIAMI BEACH FL 33140	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Katz, George	
1.3 STREET ADDRESS	5005 Collins Avenue PH 8	
1.4 CITY - ST - ZIP	Miami Beach, FL 33140	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Terzo, Frank	
2.3 STREET ADDRESS	5005 Collins Avenue PH3	
2.4 CITY - ST - ZIP	Miami Beach, FL 33140	
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	De Soto, Marilyn	
4.3 STREET ADDRESS	5005 Collins Ave #514	
4.4 CITY - ST - ZIP	Miami Beach, FL 33140	
5.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Fleschner, Noah	
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
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 #

CP2E037 (9/96)