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Mar 04 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **740504** (6)

1. Corporation Name

PILOT HOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**3100 N E 48TH ST
FT LAUDERDALE FL 33308**

Mailing Address

**3100 N E 48TH ST
FT LAUDERDALE FL 33308-4960**



3. Date Incorporated or Qualified **08/23/1977** 3a. Date of Last Report **04/17/1996**

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip **25** Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip **30** Country

4. FEI Number **59-1798197** 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

**RAYNAK, PAUL A.
3100 N.E. 48TH ST.
FT. LAUDERDALE FL 33308**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HERMES, JOYCE ANN	
STREET ADDRESS	3100 N E 48TH ST	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KNECHT, KATHLENE	
STREET ADDRESS	3100 NE 48TH STREET #615	
CITY - ST - ZIP	FORT LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COOPER, REBECCA	
STREET ADDRESS	3100 N E 48TH ST	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DULIAN, CLIFFORD D	
STREET ADDRESS	3100 NE 48TH STRET #P13	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	YAGER, JAMES	
STREET ADDRESS	3100 N E 48TH ST	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SUTER, EUGENE	
STREET ADDRESS	3100 NE 48TH STREET,	
CITY - ST - ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KLATS, Joel	
1.3 STREET ADDRESS	3100 NE. 48 St. # 304	
1.4 CITY - ST - ZIP	Ft. Lauderdale, Fl. 33308	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Davis, Sue	
2.3 STREET ADDRESS	3100 N.E. 48th St #511	
2.4 CITY - ST - ZIP	Ft. Lauderdale, Fl. 33308	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Fillichio, Benedict	
3.3 STREET ADDRESS	3100 N.E. 48th St # 308	
3.4 CITY - ST - ZIP	Ft. Lauderdale, Fl. 33308	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
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 furnished 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] **Treasurer 2-17-97 (954) 776-7543**

CR2E037 (9/96)