## FILE NOW: FILING FEE IS \$61.25 **NONPROFIT** CORPORATION

**ANNUAL REPORT** 

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

723861

(1)

1785 - 1795 CONDOMINIUM, INC

Principal Place of Business

Mailing Address



97 MAR 28 AM 9:57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1795 CALAIS D MIAMI BEACH		1795 CALAIS DR MIAMI BEACH FL 33141-3	538				
					3. Date incorporated or Qualified 07/11/1972	3a. Date of La 03/26	ast Report <b>/1996</b>
2. Principal P	Place of Business Too M D C	2a. Mailing Address			4. FEI Number		Applied For
21 <i>1795</i>	CALAIS NK, 11012	26 JAME			59-2698583		Not Applicable
Suite, Apt. 22 AP	T. 3	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 7 7 7	75 Additional e Required
City & State  City & State  City & State  City & State				· · · · · · · · · · · · · · · · · · ·	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 381	41 25 DADE	Zip 29	Count 30	ry 		Yes No	ler s. 199.032,
	9. Name and Address of Current F	Registered Agent		41 1	10. Name and Address of New Re	gistered Agent	
			8	1 Name			
RITTENBERG, PEARL				82 Street Address (P.O. Box Number is Not Acceptable)			
1795 CALAIS DRIVE				3			
APT. 3	EACH EL 99141						
MIMMID	EACH FL 33141		8	4 City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 617.0502 a	and 617.1508, Florida Statu	tes, the abo	vo-named o	corporation submits this statement for the p	urpose of changi	ng its registered
office or r	registered agent, or both, in the State of am familiar with, and accept the obligation	Florida, Such change was ons of, Section 617,0503, F.	authorized I lorida Statut	by the corporate.	oration's board of directors. I hereby accep	ot the appointmer	nt as registered
SIGNATURE							
	Signature, typed or printed name of registered agent a			geni signature r	equired when reinstating)	DATE	
12.	OFFICERS AND (		, 13,		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD DEATH	☐ DELETE	1.1 TITLE			☐ Cha	nge 🔲 Addition
NAME	RITTENBERG, PEARL		1.2 NAMI				
STREET ADDRESS	1745 CALAIS DR. MIAMI BEACH FL	•		E1 ADDRESS			
CITY-ST-ZIP TITLE	VPD	DELETE	1.4 C/TY 2.1 T/TLE			Cha	nge Addition
NAME	HARRIS, MARK	_ seein	2.1 MAM	)			nigo /idokion
STREET ADDRESS	1795 CALAIS DR.			ET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL			-ST-ZIP			1
TITLE	SD	DELETE	3.1 TITLE			Cha	nge Addition
NAME	RUIZ, YOLANDA	,	3.2 NAM	E ]			
STREET ADDRESS	1785 CALAIS DR.		3.3 STRE	ET ADDRESS			[
CITY-ST-ZIP	MIAMI BEACH FL		8.4. C(TY	-ST-ZIP			
TITLE	P)	DELETE	4.1 TITLE			☐ Cha	nge Addition
NAME	EDITH GREENSPAN	V	4. 2 NAM	IE	•		
STREET ADDRESS	1795 CALAIS DR. MIANI BEACH FL		4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	MIANI BEACH FL		4.4 CITY	- S1 - ZIP			
TITLE		☐ DELETE	5 1 TITLE	•	/)	☐ Cha	nge 🗌 Addition
NAME			5.2 NAMI	i	11 00	ne so I	
STREET ADDRESS				ET ADDRESS	U au	ww,	j
CITY-ST-ZIP		- I becere	5.4 CITY			**************************************	
TITLE	· ·	☐ DELETE	6.1 T(1LE		$\mathcal{C}$	17.20/47 Cha	nge L Addition
NAME			6.2 NAMI			` (	
STREET ADDRESS				ET ADDRESS	ABANK		ĺ
CITY-ST-ZIP			6.4 CITY	-ST-ZIP	4 OHIVK		

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 Blogh 13 if changed, or on an attachment with an address.

SIGNATURE:

OSTO