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

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 20 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

722754

(9)

## PEARL CONDOMINIUM ASSOCIATION, INC.

| Principal Plac  | e of Business   | Mailing Address   |                       |                         | I FBB1F) IDB1D  | 181 BABIR BIBIR BIBIL BIBIL BIBIR BEBIR HUBI |  |
|---|---|---|-----------------------|-------------------------|---|--|--|
| C/O CMS 5910 N SR 7<br>SUITE D<br>FT. LAUDERDALE FL 33319   |   | 5310 N SR 7<br>Suite D<br>Fort Lauderdale FL 33319-2920 |                       |                         |   |  |  |
| US  |   | US  |                       |                         | <ol> <li>Date Incorporated or Qualified<br/>02/23/1972</li> </ol> | 3a. Date of Last Report<br>03/13/1996        |  |
| 2. Principal Place of Business  |   | 2a. Mailing Address                                     |                       |                         | 4. FEI Number 59-1535216  | Applied For                                  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.                                     |                       |                         | 33 13032 10   | Not Applicable                               |  |
| 22  |   | 27  |                       |                         | 5. Certificate of Status Desired                                  | \$8.75 Additional Fee Required               |  |
| City & State  |   | City & State  |                       |                         | 6. Election Campaign Financing                                    | \$5.00 May Be                                |  |
| Zip Country   |   | Zip Cpuntry   |                       | Trust Fund Contribution | Added to Fees   |  |  |
| 24 ZIP  | 25  | 210   | 30 Cpunt              | ry                      | 8. This corporation has liability for I                           | ntangible tax under s. 199.032,<br>Yes  No   |  |
|   | 9. Name and Address of Curren   |   |                       |                         | 10. Name and Address of New Reg                                   |  |  |
| 81 Name   |   |   |                       |                         |   |  |  |
| COOPERATIVE MANAGEMENT SERVICES   |   |   |                       | 2 Street A              | Street Address (P.O. Box Number is Not Acceptable)                |  |  |
| 5310 NORTH STATE ROAD 7   |   |   |                       |                         |   |  |  |
| SUITE D   | AUDERDALE FL 33319  | B3  |                       |                         |   |  |  |
| 101110  | NODERDACE TE 000 10   |   | В                     | 4 City                  | y 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 Pyped or printed name of registered agent and little if applicable (NOTE Registered Agent a gnature required w.  12. OFFICERS AND DIRECTORS 13.   |   |   |                       |                         |   | DATE CTOPO IN 10                             |  |
| TITLE   | PD DELETE   |   | 13.                   | r                       | ADDITIONS/CHANGES TO OFFIC  | Change Addition                              |  |
| NAME  | SANDLER, BERNARD  |   |                       | E                       |   |  |  |
| STREET ADDRESS  | 4151 NW 41 ST #102  |   |                       | ET ADDRESS              |   |  |  |
| CITY-ST-ZIP   | LAUDERDALE LKS FL   | · · · · · · · · · · · · · · · · · · ·                   |                       | -ST-24P                 |   |  |  |
| TITLE   | S<br>SULLIN FLORENCE  |   |                       |                         |   | ☐ Change ☐ Addition                          |  |
| NAME  | BLUM, FLORENCE  |   | 2.2 NAM               | E                       |   |  |  |
| STREET ADDRESS  | 4151 NW 41 STRETE #110  | LAUDERDALE LAKES FL                                     |                       | ET ADDRESS              |   |  |  |
| CITY-ST-ZIP<br>TITLE  | M   | DELETE  |                       | -ST-ZIP                 | Change Addition   |  |  |
| NAME  | CAHMI, MORRIS   |   | 3.1 TITLE<br>3.2 NAMI |                         |   | C orongo C reaction                          |  |
| STREET ADDRESS  | 4151 NW 41 STREET #419  |   | 3.3 STRE              | ET ADDRESS              |   |  |  |
| CITY-ST-ZIP   | LAUDERDALE LAKES FL   |   | 3.4 City              | - ST- 21P               |   |  |  |
| TITLE   | THURSDAYAN AL   |   | 4.1 TITLE             |                         |   | ☐ Change ☐ Addition                          |  |
| NAME  | FUHRMAN, AL<br>4191 NW 41ST ST #216   |   | 4. 2 NAM              |                         |   |  |  |
| STREET ADDRESS  | LAUDERDALE LKS FL   |   |                       | E1 ADDRESS              |   |  |  |
| CITY-ST-ZIP<br>TITLE  | D   | DELETE  | 4.4 CITY              |                         | 50  | Change Addition                              |  |
| NAME  | KATZ, J   | vice  | 5.2 NAMI              |                         | PD<br>KATZ O  | -  |  |
| STREET ADDRESS  | 4191 NW 41ST ST #108  |   |                       | ET ADDRESS              | 1151 NW 11 CT #100  |  |  |
| CITY-ST-ZIP   | LAUDERDALE LKS FL   |   | 5.4 CITY              |                         | KATZ, S<br>4151 NW 41 ST #108<br>LAUDERDALE LAKES,                | EI 33310                                     |  |
| TITLE   | D   | ☐ DELETE  | 6.1 TITLE             |                         | THOUSENDALE CAREST  | Charlige Addition                            |  |
| NAME  | ELCANESS, G   |   | 6.2 NAMI              | Ε                       |   |  |  |
| STREET ADDRESS  | 4151 NW 41ST ST #408 LAUDERDALE LKS FL  |   |                       | ET ADDRESS              |   |  |  |
| CITY-ST-ZIP   | I that was a first the second of the second | I with this filling does not our                        | 6.4 CITY              |                         | sted in Section 118 07/2001 Florida Platition                     | I further entitle that the                   |  |
| 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 furstoe empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 18 if changed, or on an atlactment with an address. |   |   |                       |                         |   |  |  |