

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 27 1997 8:00am
Secretary of State

DOCUMENT # 732671 (3)
1. Corporation Name
709 CURTISS PARKWAY CONDOMINIUM ASSOCIATION INC.



Principal Place of Business Mailing Address
709 CURTISS PARKWAY 709 CURTISS PARKWAY
MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		05/05/1975		03/18/1996	
22 Sulte, Apt. #, etc.		27 Sulte, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-1640243		Not Applicable	
24 Zip		29 Zip		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAVALARIS, MARY
709 CURTSI PKWY
SUITE 24
MIAMI SPRINGS FL 33166

81 Name SID RAYMOND
82 Street Address (P.O. Box Number is Not Acceptable)
709 CURTISS PARKWAY
83 UNIT 22
84 City MIAMI SPRINGS FL 85 Zip Code 33166

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 SID RAYMOND Sid Raymond
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	CAVALARIS, MARY	1.2 NAME	SID RAYMOND Sid Raymond
STREET ADDRESS	709 CURTISS PKWY	1.3 STREET ADDRESS	709 CURTISS PARKWAY
CITY-ST-ZIP	MIAMI SPRINGS FL	1.4 CITY-ST-ZIP	MIAMI SPRINGS FL. 33166
TITLE	VD	2.1 TITLE	VP Doreen Lambert Doreen Lambert
NAME	GURA, HELENA	2.2 NAME	709 CURTISS PARKWAY
STREET ADDRESS	709 CURTISS PKWY 21	2.3 STREET ADDRESS	MIAMI FLORIDA. 33166
CITY-ST-ZIP	MIAMI SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	TD HARLAN J. VANN
NAME	MOATS, VIKI	3.2 NAME	709 CURTISS PKWY # 32
STREET ADDRESS	709 CURTISS PKWY 10	3.3 STREET ADDRESS	MIAMI SPRINGS, FL 33166
CITY-ST-ZIP	MIAMI SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	SD DONALD B. PENTONY
NAME	HENSHEY, SAM	4.2 NAME	709 CURTISS PKWY # 20
STREET ADDRESS	709 CURTISS PKWY 14	4.3 STREET ADDRESS	MIAMI SPRINGS, FL 33166
CITY-ST-ZIP	MIAMI SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	PD GEORGE F. DUFF
NAME		5.2 NAME	709 CURTISS PKWY # PH
STREET ADDRESS		5.3 STREET ADDRESS	MIAMI SPRINGS FL 33166
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Sid Raymond - SID RAYMOND
305-884-4949