


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 29, 1999 8:00am
Secretary of State

01-29-1999 90002 034 *****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 762150

1. Corporation Name

437 SANTANDER CONDOMINIUM ASSOCIATION, INC.



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| Principal Place of Business 437 SANTANDER AVE. APT. F CORAL GABLES FL 33134 | Mailing Address 437 SANTANDER AVE. APT. F CORAL GABLES FL 33134 |
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| 21 2. Principal Place of Business Suite, Apt. #, etc. 22 City & State Zip Country 24 | 26 2a. Mailing Address Suite, Apt. #, etc. 27 City & State Zip Country 29 | 30 3. Date Incorporated or Qualified 04/06/1982 4. FEI Number 59-2176377 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 9. Name and Address of Current Registered Agent MILONE, MAGDA U. 437 SANTANDER AVE. APT. F CORAL GABLES FL 33134 | 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 |
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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.

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|--|------------------------------|--|-----------------------------------|------|--|
| 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 type="checkbox"/> DELETE | | | |
| NAME | KARTPIS, BETSY | | | | |
| STREET ADDRESS | 437-E SANTANDER AVE. | | | | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | | | | |
| TITLE | VPD | <input type="checkbox"/> DELETE | | | |
| NAME | PERLMUTTER, ABBY | | | | |
| STREET ADDRESS | 437 SANTANDER AVE, APT D | | | | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | | | | |
| TITLE | TD | <input type="checkbox"/> DELETE | | | |
| NAME | MILONE, MAGDA | | | | |
| STREET ADDRESS | 437 SANTANDER AVE, APT. F | | | | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | | | | |
| TITLE | SD | <input type="checkbox"/> DELETE | | | |
| NAME | IOANNIDES, ANN | | | | |
| STREET ADDRESS | 437 SANTANDER AVENUE, APT. G | | | | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | | <input type="checkbox"/> DELETE | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| 1.2 NAME | | | | | |
| 1.3 STREET ADDRESS | | | | | |
| 1.4 CITY-ST-ZIP | | | | | |
| 2.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| 2.2 NAME | | | | | |
| 2.3 STREET ADDRESS | | | | | |
| 2.4 CITY-ST-ZIP | | | | | |
| 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 | | <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 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 1/6/99 (305) 444-496
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #