

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



DOCUMENT # **NA70000000356**
1. Corporation Name
CENTER FOR COMMUNITY AND CONDOMINIUM LIVING, INC.

Principal Place of Business Mailing Address
21155 HELMSMAN DR. PO BOX 800417
APT. 414 AVENTURA, FL
AVENTURA, FL 33180 33280-0417

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
Suite, Apt. #, etc.					Suite, Apt. #, etc.				
City & State					City & State				
Zip Country					Zip Country				

9. Name and Address of Current Registered Agent
STEPHEN M. HOLLOWAY, Ph.D.
BARRY UNIV. SCHOOL OF SOCIAL WORK
11300 NE SECOND AVE.
MIAMI SHORES, FL 33161-6695

3. Date Incorporated or Qualified
1/23/97

4. FEI Number
65-0732330

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

10. Name and Address of New Registered Agent

81 Name
PAUL LIBERT

82 Street Address (P.O. Box Number is Not Acceptable)
21155 HELMSMAN DR. 414

83 City
AVENTURA

84 FL 85 Zip Code
33180

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 **Paul Libert** **PAUL LIBERT**
Signature, typed or printed name of registered agent and the filer if applicable (NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS	
TITLE	☐ DELETE
NAME	PATRICIA ROGERS-LIBERT
STREET ADDRESS	21155 HELMSMAN DR. 414
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	☒ DELETE
NAME	PAUL LIBERT
STREET ADDRESS	21155 HELMSMAN DR. 414
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	☒ DELETE
NAME	STEPHEN M. HOLLOWAY
STREET ADDRESS	11300 NE SECOND AVE.
CITY-ST-ZIP	MIAMI SHORES, FL 33161
TITLE	☐ DELETE
NAME	MARK GERSTLE
STREET ADDRESS	1949N BISCAYNE BLVD STE. 705
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	☐ DELETE
NAME	MARK BRAUN
STREET ADDRESS	2030J NE 37 CT, #100P
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	☐ DELETE
NAME	NADHI BENSON
STREET ADDRESS	1200 NE MIAMI GARDENS DR. #708
CITY-ST-ZIP	N. MIAMI BEACH, FL 33179

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☒ Addition
12 NAME	JAY BESKIN
13 STREET ADDRESS	17870 NE 31 CT. #2201
14 CITY-ST-ZIP	AVENTURA, FL 33180
21 TITLE	☒ Change ☐ Addition
22 NAME	DR. ROBERT WOLF
23 STREET ADDRESS	538 NE 194 LANE
24 CITY-ST-ZIP	N. MIAMI BEACH, FL 33179
31 TITLE	☐ Change ☒ Addition
32 NAME	ERIL GLAZER
33 STREET ADDRESS	20501 BISCAYNE BLVD. 13 FL.
34 CITY-ST-ZIP	AVENTURA, FL 33180
41 TITLE	☐ Change ☒ Addition
42 NAME	PAUL LIBERT
43 STREET ADDRESS	21155 HELMSMAN DR. 414
44 CITY-ST-ZIP	AVENTURA, FL 33180
51 TITLE	☐ Change ☒ Addition
52 NAME	JAY HEISEL
53 STREET ADDRESS	3303 ARUBA WAY #01
54 CITY-ST-ZIP	COCONUT CREEK, FL 33066
61 TITLE	☐ Change ☒ Addition
62 NAME	
63 STREET ADDRESS	
64 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: **Paul Libert** **PAUL LIBERT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/99 **(305) 933-9775**
Date Daytime Phone #

FILED
99 FEB -1 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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