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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N33307

1. Corporation Name

THE CARRIAGE CLUB NORTH CONDOMINIUM ASSOCIATION,
INC.

Principal Place of Business

5005 COLLINS AVENUE
MIAMI BEACH FL 33140

Mailing Address

5005 COLLINS AVENUE
MIAMI BEACH FL 33140



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

07/19/1989

4. FEI Number

65-0128840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HYMAN, MICHAEL L.
150 WEST FLAGLER STREET
SUITE 2701
MIAMI FL 33130

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME KATZ, GEORGE
STREET ADDRESS 5005 COLLINS AVE PH8
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE PD ☐ DELETE
NAME TERZO, FRANK
STREET ADDRESS 5005 COLLINS AVE PH3
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE STD ☐ DELETE
NAME DAVIS, MIRTHA
STREET ADDRESS 5005 COLLINS AVE., #1017
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE D ☐ DELETE
NAME FLECHNER, NOAH
STREET ADDRESS 5005 COLLINS AVE #601
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE VD ☐ DELETE
NAME GUERRA, ELISEO
STREET ADDRESS 5005 COLLINS AVENUE #1005
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President ☐ Change ☒ Addition
1.2 NAME Diaz, Hugo
1.3 STREET ADDRESS 5005 COLLINS AVE #806
1.4 CITY-ST-ZIP Miami, FL 33140

2.1 TITLE Director ☒ Change ☐ Addition
2.2 NAME Terzo, Frank
2.3 STREET ADDRESS 5005 COLLINS AVENUE PH3
2.4 CITY-ST-ZIP Miami Beach, FL 33140

3.1 TITLE Secretary, Treasurer, + Director ☐ Change ☐ Addition
3.2 NAME Davis, Mirtha
3.3 STREET ADDRESS 5005 COLLINS AVENUE #1017
3.4 CITY-ST-ZIP Miami Beach, FL 33140

4.1 TITLE Director ☐ Change ☐ Addition
4.2 NAME Fleschner, Noah
4.3 STREET ADDRESS 5005 COLLINS AVENUE #601
4.4 CITY-ST-ZIP Miami Beach, FL 33140

5.1 TITLE President ☒ Change ☐ Addition
5.2 NAME Guerra, Eliseo
5.3 STREET ADDRESS 5005 COLLINS AVENUE #1005
5.4 CITY-ST-ZIP Miami Beach, FL 33140

6.1 TITLE ☐ Change ☐ 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.

CR2E037 (11/98)