


FILE NOW. FILING FEE IS \$61.25

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90048 007 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 724580</b> 1. Corporation Name <b>TALLWOOD NORTH CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business 1600 TALLWOOD AVE HOLLYWOOD FL 33021			Mailing Address 1600 TALLWOOD AVE HOLLYWOOD FL 33021		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 10/18/1972 4. FEI Number 59-1514653 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
9. Name and Address of Current Registered Agent <b>NALESNIK, RICHARD</b> 1600 TALLWOOD AVE. STE 209 HOLLYWOOD FL 33021			10. Name and Address of New Registered Agent 81 Name <b>MARTINEZ, MICHAEL</b> 82 Street Address (P.O. Box Number is Not Acceptable) 4320 WASHINGTON STREET # 419 83 <b>HOLLYWOOD</b> 84 City <b>FL</b> 85 Zip Code <b>33021</b>		
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 <i>Michael Martinez</i> DATE <b>3-19-99</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>P</b> <input checked="" type="checkbox"/> DELETE NAME <b>NALESNIK, RICHARD</b> STREET ADDRESS <b>1600 TALLWOOD AVE #209</b> CITY-ST-ZIP <b>HOLLYWOOD FL 33021</b>			1.1 TITLE <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>MICHAEL MARTINEZ</b> 1.3 STREET ADDRESS <b>4320 WASHINGTON STREET # 419</b> 1.4 CITY-ST-ZIP <b>HOLLYWOOD FL 33021</b>		
TITLE <b>BPD</b> <input type="checkbox"/> DELETE NAME <b>BERNSTEIN, STEVEN</b> STREET ADDRESS <b>4320 WASHINGTON ST.</b> CITY-ST-ZIP <b>HOLLYWOOD FL</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE NAME <b>JARVIS, RUTH</b> STREET ADDRESS <b>4320 WASHINGTON ST #319</b> CITY-ST-ZIP <b>HOLLYWOOD FL 33021</b>			3.1 TITLE <b>D.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <b>L. CASTRO</b> 3.3 STREET ADDRESS <b>4320 WASHINGTON STREET # 218</b> 3.4 CITY-ST-ZIP <b>HOLLYWOOD FL 33021</b>		
TITLE <b>T</b> <input type="checkbox"/> DELETE NAME <b>WHALEY, IRENE</b> STREET ADDRESS <b>1600 TALLWOOD AVE #202</b> CITY-ST-ZIP <b>HOLLYWOOD FL 33021</b>			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <b>S</b> <input type="checkbox"/> DELETE NAME <b>LAW, BARBARA</b> STREET ADDRESS <b>1600 TALLWOOD AVE #204</b> CITY-ST-ZIP <b>HOLLYWOOD FL 33021</b>			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Barbara Law*  
**BARBARA LAW**

1.25.99.

954 985.

Date

Daytime Phone #

2460.

CR2E037 (1/98)