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**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90054 049 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 722754**

1. Corporation Name

**PEARL CONDOMINIUM ASSOCIATION, INC.**

500487 - 90054 - 49

Principal Place of Business

C/O CMS 5310 N SR 7  
 SUITE D  
 FT. LAUDERDALE FL 33319  
 US

Mailing Address

5310 N SR 7  
 SUITE D  
 FORT LAUDERDALE FL 33319  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/23/1972

4. FEI Number

59-1535216

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

COOPERATIVE MANAGEMENT SERVICES  
 5310 NORTH STATE ROAD 7  
 SUITE D  
 FORT LAUDERDALE FL 33319

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

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 PD ☐ DELETE

NAME KATZ, S  
 STREET ADDRESS 4151 NW 41 ST #108  
 CITY-ST-ZIP LAUDERDALE LKS FL

TITLE S ☒ DELETE

NAME ELSTON, LLOYD  
 STREET ADDRESS 4151 NW 41ST STREET #107  
 CITY-ST-ZIP LAUDERDALE LAKES FL 33313

TITLE M ☐ DELETE

NAME CAHMI, MORRIS  
 STREET ADDRESS 4151 NW 41 STREET #419  
 CITY-ST-ZIP LAUDERDALE LAKES FL

TITLE VP ☐ DELETE

NAME FUHRMAN, AL  
 STREET ADDRESS 4191 NW 41ST ST #216  
 CITY-ST-ZIP LAUDERDALE LKS FL

TITLE D ☒ DELETE

NAME CHIALO, ARTHUR  
 STREET ADDRESS 4151 NW 41ST STREET, #109  
 CITY-ST-ZIP LAUDERDALE LKS FL 33319

TITLE D ☒ DELETE

NAME ELCANESS, G  
 STREET ADDRESS 4151 NW 41ST ST #408  
 CITY-ST-ZIP LAUDERDALE LKS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

FI

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

FRANK WRSO  
 4191 N.W. 41ST #211  
 LAUDERDALE LAKES FL 33319

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

DEBBIE WISHER  
 4191 N.W. 41ST #313  
 LAUDERDALE LAKES FL 33319

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

PEARL HENDERSON  
 4191 N.W. 41ST #217 SECRETARY  
 LAUDERDALE LAKES - FL 33319

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

*Sylvia L Katz*

Date

Daytime Phone #

CR2E037 (1/98)

0095298