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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 732671

1. Corporation Name
709 CURTISS PARKWAY CONDOMINIUM ASSOCIATION INC.

Principal Place of Business	Mailing Address
709 CURTISS PARKWAY MIAMI SPRINGS FL 33166	709 CURTISS PARKWAY MIAMI SPRINGS FL 33166

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

3. Date Incorporated or Qualifed: 05/05/1975

4. FEI Number: 59-1640243 ☐ 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

RAYMOND, SID
709 CURTISS PARKWAY
UNIT 22
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent

81 Name: SAMUEL T. HENSHEY
82 Street Address (P.O. Box Number is Not Acceptable): 709 CURTISS PARKWAY
83: UNIT 14
84 City: MIAMI SPRINGS FL 85 Zip Code: 33166

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] 4/30/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	RAYMOND, SID		1.2 NAME	SAMUEL T HENSHEY	
STREET ADDRESS	709 CURTISS PARKWAY		1.3 STREET ADDRESS	709 CURTISS PARKWAY #14	
CITY-ST-ZIP	MIAMI SPRINGS FL		1.4 CITY-ST-ZIP	MIAMI SPRINGS, FL 33166	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LAMBERT, DUDLEY		2.2 NAME		
STREET ADDRESS	709 CURTISS PARKWAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VANN, HARLAN J		3.2 NAME		
STREET ADDRESS	709 CURTISS PKWY #32		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS FL		3.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	PENTONY, DONALD B		4.2 NAME	MARION PHILLIPS	
STREET ADDRESS	709 CURTISS PKWY #20		4.3 STREET ADDRESS	709 CURTISS PARKWAY #30	
CITY-ST-ZIP	MIAMI SPRINGS FL		4.4 CITY-ST-ZIP	MIAMI SPRINGS FL 33166	
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	DUFF, GEORGE F		5.2 NAME		
STREET ADDRESS	709 CURITSS PKWY #PH		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRING FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 HARLAN J VANN [signature] 4-7-99 305-889-5076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)