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Secretary of State

04-30-1999 90135 049 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745159

1. Corporation Name

PLAZA OF THE AMERICAS PART II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

16319 NORTH BAY ROAD
 NORTH MIAMI BEACH FL 33160
 US

Mailing Address

17001 NORTH BAY ROAD
 NORTH MIAMI BEACH FL 33160



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/07/1978	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent

BECKER, POLAKOFF & STREITFELD, P.A.
6161 BLUE LAGOON DR., SUITE 250
MIAMI FL 33128

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BERNSTEIN, HAROLD SCOTT	1.2 NAME	
STREET ADDRESS	16919 N BAY RD, 606	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	1.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	2.1 TITLE	D/AVP ☒ Change ☐ Addition
NAME	SAXNER, PHILIP	2.2 NAME	SAXNER, PHIL
STREET ADDRESS	16919 NORTH BAY ROAD #602	2.3 STREET ADDRESS	16919 N. BAY RD, #602
CITY-ST-ZIP	NORTH MIAMI BEACH FL	2.4 CITY-ST-ZIP	N. MIAMI BEACH, FL.
TITLE	DAVP ☐ DELETE	3.1 TITLE	T ☒ Change ☐ Addition
NAME	SHIDLOWSKY, MICHELLE	3.2 NAME	SHIDLOWSKY, MICHELLE
STREET ADDRESS	C/O PLAZA REALTY, 17001 N BAY RD	3.3 STREET ADDRESS	C/O PLAZA REALTY, 17001 N. BAY RD.
CITY-ST-ZIP	N. MIAMI BCH. FL	3.4 CITY-ST-ZIP	N. MIAMI, FL.
TITLE	TD ☐ DELETE	4.1 TITLE	VP D ☒ Change ☐ Addition
NAME	SLAGHT, ELISE	4.2 NAME	SLAUGHT, ELISE
STREET ADDRESS	16919 N. BAY RD #608	4.3 STREET ADDRESS	16919 N. BAY RD #608
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160	4.4 CITY-ST-ZIP	SUNNY ISLES BEACH, FL.
TITLE	SD ☐ DELETE	5.1 TITLE	S D ☒ Change ☐ Addition
NAME	SHIDLOWSKY, HOWARD	5.2 NAME	SHIDLOWSKY, HOWARD
STREET ADDRESS	18400 W. DIXIE HWY.	5.3 STREET ADDRESS	18400 W. DIXIE HWY.
CITY-ST-ZIP	N. MIAMI BEACH FL	5.4 CITY-ST-ZIP	N. MIAMI, FL.
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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)