

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 708884 (2)**

1. Corporation Name

**SOUTHERN STAR CONDOMINIUM, INC.**



Principal Place of Business

Mailing Address

**441 COLLINS AVE  
MIAMI BEACH FL 33139-6622**

**441 COLLINS AVE  
MIAMI BEACH FL 33139-6622**

3. Date Incorporated or Qualified  
**05/04/1965**

3a. Date of Last Report  
**02/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GALLARDO, YUDENIA  
441 COLLINS AVE  
APT 3  
MIAMI BCH FL 33139**

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 **P** ☐ DELETE  
NAME **GALLARDO, YUDENIA**  
STREET ADDRESS **441 COLLINS AVE**  
CITY-ST-ZIP **MIAMI BCH FL**

TITLE **VP** ☐ DELETE  
NAME **KELLY, BILL**  
STREET ADDRESS **441 COLLINS AVE A**  
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **TD** ☒ DELETE  
NAME **SAMUEL, ANN**  
STREET ADDRESS **441 COLLINS AVE**  
CITY-ST-ZIP **MIAMI BCH FL**

TITLE **D** ☐ DELETE  
NAME **VEJRAZKA, JIM**  
STREET ADDRESS **441 COLLINS AVE**  
CITY-ST-ZIP **MIAMI BCH FL**

TITLE **D** ☒ DELETE  
NAME **HEMLICH, FLORENCE**  
STREET ADDRESS **441 COLLINS AVE**  
CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **VP** ☐ DELETE  
NAME **MCARTUR, BERTHA**  
STREET ADDRESS **441 COLLINS AVE**  
CITY-ST-ZIP **MIAMI BCH 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

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**Director  
SAMUEL, ANN  
441 Collins Ave  
M.B. FL**

**TD  
Heimlich Florence  
441 Collins Ave  
M.B. FL**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)