## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #
1. Corporation Name 710738

(6)

SOUTHERN CLASSIC CONDOMINIUM, INC.

**FILED** Apr 16 1996 8:00 am Secretary of State

Principal Place of Business Mailing Address  1140 71 STREET 2433 N2 118TH TERRACE MIAMI BCH. FL 33141 CORAL SPRINGS FL 33065-3369									
US		US				3. Date Incorporated or Qualified			•
2. Principal Pla	ce of Business	2a. Mailing Address 26				4. FEI Number 59-1717926		<del></del>	oplied For ot Applicable
21 Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired Serviced Fee Required			
City & State		City & State				Election Campaign Financing     Trust Fund Contribution	11 *		May Be to Fees
Zip 24	Country 25			Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9. Name and Address of Curren	t Registered Agent		<u> </u>		10. Name and Address of New R	legistered Agen	1	
				81	Name				
GOLDBERG, ELANA 2433 NW 118TH TERR.				82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
	PRINGS FL 33065			83					
OOIVE O	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			84	City		FL B5	Zip	Code
or register	ed agent, or both, in the State of Flori	da. Such change was authori	ized by the	ove-r	named corp loration's bo	oration submits this statement for the pul pard of directors. I hereby accept the app	rpose of changing ointment as regist	its re- tered a	gistered office igent. I am
familiar wit	h, and accept the obligations of, Sect	ion 617.0503, Florida Statute	es.						
	Signature, typed or printed name of registered agent OFFICERS AN		NOTE Registere	d Ager	nt signature requ	ired when reinstating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRE	CTOF	RS IN 12
12.	VD	DELETE		1.1 TITLE 1.2 NAME			Cha		☐ Addition
NAME	GOLDBERG, PHILIP								
STREET ADDRESS	2433 NW 118TH TERR		1.3 5	TREET	ADDRESS				
CITY-ST-ZIP		CORAL SPRINGS FL		1.4 CITY-ST-ZIP					
TITLE	PD	DELETE	211	21 TITLE			Cha	ange	☐ Addition
NAME	AUERBACH, BAUCH		221	IAME					
STREET ADDRESS	218 NE 12TH AVE #501G			2.3 STREET ADDRESS					
CITY - ST - ZIP	HALLANDALE FL	DELETE		<u>CITY -</u> TITLE	ST-ZIP		□ Chi	anne	Addition
TITLE	STD	Florere		NAME			L ***	.0 *	
NAME expect address	GOLDBERG, ELANA		1		T ADDRESS				
STREET ADDRESS	2433 NW 118TH TERR. CORAL SPRINGS FL				ST-ZIP				
CITY-ST-ZIP TITLE	OUNTED THINGS IT	DELETE		TITLE	-		Ch	ange	Addition
NAME			4. 2	NAME					
STREET ADDRESS			43	STREE	T ADDRESS				
CITY-ST-ZIP			4.4	CITY -:	ST-ZIP				
TITLE		DELETE	5.1	TITLE			☐ Ch	ange	Addition
NAME				NAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP		There exe			ST-ZIP		□ Ch	2000	Addition
TITLE		DELETE		THTLE			Цu	ange	☐ AUGIRO®
NAME			1	NAME	- 1				
STREET ADDRESS			L		1 ADDRESS				
CITY-ST-ZIP	At that the information ounglied	with this filips is voluntarily for			ST-ZIP	fy for the exemption stated in Section 119	07(3)/k) Florida	Statute	s I further

I do nereby certify that the information supplied with this limit is voluntarily furnished and does not qualify for the exemption stated in 3 of old, it is a state of the corporation of 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.

SIGNATURE:

Vana Deldberg - Elana Goldberg - Sona Goldberg