

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 711401 (0)
1. Corporation Name
1014 CONDOMINIUM APARTMENTS ASSOCIATION, INC.



Principal Place of Business Mailing Address
1435 S E 10TH AVE FT. LAUDERDALE FL 33316 **1435 S E 10TH AVE FT. LAUDERDALE FL 33316**

3. Date Incorporated or Qualified **08/26/1966** 3a. Date of Last Report **05/01/1995**
4. FEI Number **65-0001994** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**NOLAN, JOHN J.
1439 S.E. 10TH AVE.
FT. LAUDERDALE FL 33316**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P. D. KNOX, NORMA ☐ DELETE	1.1 TITLE	V.P.D. MIKELL ROBERT J. ☐ Change ☒ Addition
NAME	1435 SE 10 AVE	1.2 NAME	1435 SE 10TH AVE APT 3
STREET ADDRESS	FT LAUDERDALE FL 33316	1.3 STREET ADDRESS	FT. LAUD. FLA. 33316
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	STD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NOLAN, JOHN J., M.D.	2.2 NAME	
STREET ADDRESS	1439 SE 10 AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	2.4 CITY - ST - ZIP	
TITLE	PD ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	FRANCE, VIOLET K	3.2 NAME	
STREET ADDRESS	1439 SE 10 AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	3.4 CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *John J. Nolan* **JOHN J NOLAN** **4/29/96** **(305) 524-6115**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)