

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

FILED  
Apr 22, 1996 08:00 AM  
Secretary of State

DOCUMENT # 712224 (5)

1. Corporation Name

1475 TERRA TOWERS CONDOMINIUM, INC.

Principal Place of Business

1475 N.E. 125TH TERR.  
NO. MIAMI FL 33161

Mailing Address

1475 N.E. 125TH TERR.  
NO. MIAMI FL 33161



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		02/08/1967		04/18/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-1159693		<input checked="" type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		29		30	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

EVANOFF, CATHRYN  
1475 NE 125TH TERRACE  
APARTMENT 605  
NORTH MIAMI FL 33161

81 Name Ludwig, LEONARD PRES.  
82 Street Address (P.O. Box Number is Not Acceptable) 1475 N.E. 125TH TERRACE  
83 Apt. 607  
84 City North Miami FL 85 Zip Code 33161

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

(New Registered Agent signature required when reinstating)

DATE

4-15-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAVARD, JOHN	1.2 NAME	LUDWIG, LEONARD
STREET ADDRESS	1475 NE 125 TERR 112	1.3 STREET ADDRESS	1475 NE 125TH TERRACE #607
CITY-ST-ZIP	NO MIAMI FL 33161	1.4 CITY-ST-ZIP	NO. MIAMI FL 33161
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KRUGMAN, BETTY	2.2 NAME	BROWN, Richard
STREET ADDRESS	1475 NE 125TH TERR.	2.3 STREET ADDRESS	1475 NE 125TH TERRACE
CITY-ST-ZIP	N. MIAMI FL 33161	2.4 CITY-ST-ZIP	NO. MIAMI FL 33161
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BODNER, MARY	3.2 NAME	EDGREN, SALLY
STREET ADDRESS	1475 NE 125 TERR 114	3.3 STREET ADDRESS	1475 NE 125 TERRACE
CITY-ST-ZIP	NO MIAMI FL 33161	3.4 CITY-ST-ZIP	NO. MIAMI FL 33161
TITLE	VTD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDLIN, DAN	4.2 NAME	KRUGMAN, BETTY
STREET ADDRESS	1475 NE 125TH TERR.	4.3 STREET ADDRESS	1475 NE 125TH TERRACE
CITY-ST-ZIP	N. MIAMI FL	4.4 CITY-ST-ZIP	NO MIAMI FL 33161
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZDAN, JEAN	5.2 NAME	
STREET ADDRESS	1475 NE 125TH TERR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANOFF, CATHRYN	6.2 NAME	
STREET ADDRESS	1475 N.E. 125 TERRACE - #605	6.3 STREET ADDRESS	
CITY-ST-ZIP	NO. MIAMI FL 33161	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

Date

Daytime Phone #

892-0588

CR2E037 (12/95)