

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 712224

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

FILED

99 AUG 31 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/08/1967

4. FEI Number

59-1159693

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

9. Name and Address of Current Registered Agent

JOHNSON, EDMOND  
1475 NE 125TH TERR  
UNIT 32  
N MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name KAREN BUSCH  
82 Street Address (P.O. Box Number Is Not Acceptable)  
Co. SUNRAE MANAGEMENT  
83 4400 N. STATE ROAD SEVEN - 408A  
84 City LANDSPOLE LAKES FL 85 33319

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 617.0502, Florida Statutes.

SIGNATURE *Karen Busch, Secretary*

8/16/99

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 PD  
NAME JOHNSON, EDMOND  
STREET ADDRESS 1475 NE 125TH TERR, #312  
CITY-ST-ZIP NO MIAMI FL 33161 ☒ DELETE

TITLE VPD  
NAME EVANOFF, CATHERINE  
STREET ADDRESS 1475 NE 125TH TERR #605  
CITY-ST-ZIP N. MIAMI FL 33161 ☒ DELETE

TITLE SD  
NAME EDGREN, SALLY  
STREET ADDRESS 1475 N.E. 125TH TERR., APT. 209  
CITY-ST-ZIP NO MIAMI FL ☐ DELETE

TITLE AS  
NAME EVANOF, CATHERINE  
STREET ADDRESS 1475 N.E. 125TH TERR., APT. 605  
CITY-ST-ZIP N. MIAMI FL ☒ DELETE

TITLE D  
NAME BESIANA, SOFIA  
STREET ADDRESS 1475 NE 125TH TERR #606  
CITY-ST-ZIP N. MIAMI FL 33161 ☐ DELETE

TITLE D  
NAME WILLIAMS, RAYMOND  
STREET ADDRESS 1475 NE 125TH TERR #304  
CITY-ST-ZIP NO. MIAMI FL 33161 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Butler, Matthew  
1.3 STREET ADDRESS 1475 NE 125 Terr #311  
1.4 CITY-ST-ZIP No. Miami FL 33161 ☐ Change ☒ Addition

2.1 TITLE T  
2.2 NAME Krugman, Betty  
2.3 STREET ADDRESS 1475 NE 125 Terr # 105  
2.4 CITY-ST-ZIP No. Miami FL 33161 ☐ Change ☒ Addition

3.1 TITLE D  
3.2 NAME Schneider, Edith  
3.3 STREET ADDRESS 1475 NE 125th Terr #112  
3.4 CITY-ST-ZIP No. Miami FL 33161 ☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 200002978802--1  
4.4 CITY-ST-ZIP -09/03/99--01091--023  
\*\*\*\*\*61.25 \*\*\*\*\*61.25 ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other persons empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

000465

CR2E037 (5/99)

RE