Applied For

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 717589**

1. Corporation Name

THE CONTINENTAL CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

3233 N.E. 32 AVE. FT LAUDERDALE FL 33308

2. Principa Place of Business

Suite, Apt. #, etc.

3233 N.E. 32 AVE. FT LAUDERDALE FL 333:08

## FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90067 025 \*\*\*\*61.25

1414271 - 3000/ - 25

3. Date Incorporated or Qualifed

11/20/1969

FEI Number

|--|--|--|--|--|--|--|

22		27			39-100 1920		Applicable
City & S:at	ty & S:ate City & State				5. Certificate of Status Desired	\$8.75 A	
23		28		<del></del> -			
Zip	· — — — — — — — — — — — — — — — — — — —		Countr	у	6. Election Campaign Financing	\$5.00 t Added to	
24	25	29	30		Trust Fund Contribution		rees_
	9. Name and Address of Current	Registered Agent		Name Δ	10. Name and Address of New Regist	ereu Agent	
			"	'  "allio #.	UL QUICHISALL		
DANREITE	R, MARGARET		8	2 Street Ad	dress (P.O. Box Number is Not Acceptable)		
3233 N.E. 32ND AVENUE					NE 32ND , AVE		
FT. LAUDI	ERDALE FL 33308		8	3			
			8			85 Zip C	ode
				1 FT L	WOERDALE-		.3∪ <u>8</u>
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Stati Florida, Such change was	u:es, the abo authorized b	ve-named cor v the corpora	rporation submits this statement for the purportion's board of cirectors. I hereby accept the	appointment as reg	r agistered Jistered
agent. I a	m familiar with, and accept the obligation	ns of, Section 617.0503, F	korida Statute	S.	_		
SIGNATURE	Paul Stora	00 (PAUL GUIG	CKSAL	<i>(</i> )	<u></u>	<u> 3:5-99                                   </u>	
	Signature, typed or printed name of registered agent			ent signeture requ	red when reinstating) DA ADDITIONS/CHANGES TO OFFICER	(IE	E S IN 12
12.	OFFICERS AND	DIRECTORS DELETE	13.			Change □	Additio
TITLE	T	LE DELETE	1.1 TITLE	, ,	Tose Marquez	De Change	∟ добис
NAME	SKAF, GLORIA S		1,2 NAME		1		
STREET ADDRESS	3233 N.E. 32ND AVE	•			1223 NE 32NO AVE		
CITY-ST-ZIP	FT LAUDERDALE FL 33308		1.4 CITY		T. LAWDERDALE, 72 33308		COM A didition
TITLE	D	<b>☑</b> DELETE	2.1 TITLE	I.	>	∠ Change	Additio
NAME	MAUER, JAMES		2.2 NAME	1 '	BALD DIVITO		
STREET ADDRESS	3233 NE 32ND AVE		2.3 STRE		233 NE 32NO AVE		
CITY-ST-ZIP	FT LAUDERDALE FL		2. 4 CITY	-ST-ZIP -F	T. LOUBERDILE FL 33308		
TITLE	SD	DELETE	3.1 TITLE	185	D	Change	Additio
NAME	ROCKWELL, G.J.		3.2 NAME	1 -	KOMIDES		
STREET ADDRESS	3233 NE 32ND AVE		33 STRE		233 NE 32110 AVE		
CfTY-ST-ZIP	FT LAUDERDALE FL		3.4. CITY	ST-ZIP F	· LAUPERDILE , 74 33368		
TITLE	P	DELETE	4.1 TITLE	P	·	Change	Additio
NAME	DANREITER, MARGARET		4, 2 NAM	E	HOL QUICKSACL		
STREET ADDRESS	3233 NE 32ND AVE		4.3 STRE		>33 NE 32M. AVE		
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-	ST-ZIP F	T. WOERONE, 72 33308		
TITLE	D	DELETE	5.1 TITLE	J	<b>b</b>	Change	Additio
NAME	QUICKSALL, PAUL		5.2 NAME		. DE ANGELIS		
STREET ADDRESS	3233 N.E. 32ND AVE		5.3 STRE	ET ADDRESS 3	1233 NE 32m, AVE		
CITY-ST-ZIP	FT LAUDERDALE FL 33308		5.4 CITY-	ST-ZIP F	LAUDEAUDIE, 76 33308		_
TITLE	D	<b>□</b> DELETE	6.1 TITLE	Ĵ		☐ Change	Addition Addition
NAME	BREITUNG, LIRIA		6.2 NAME	i (	LATRY 233 NE 32NI ANE		
STREET ADDRESS			6.3 STRE	ET ADDRESS .3	233 NE 32WI AVE		
CITY OT 710	ET I ALIDEDDALE FL		6.4 CITY	ST-ZIP	T. LAUPERPACE, 76.33368 Section 119.07(3)(i), Florida Statutes. I furth		
CITY-ST-ZIP	certify that the information supplied with	this filing does not qualify	for the exemp	otion stated in	Section 119.07(3)(i), Florida Statutes, I furth	er certify that the in	nformation

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

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-99 (954) 563-4708

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