FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717849 (4)

1. Corporation Name

CRESTVIEW TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2025 NE 164TH ST. P.O. BOX 160 NORTH MIAMI BEACH FL 33162	2025 NE 164TH ST. P.O. BOX 160 NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/29/1969	3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-1357386	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 (formerly)	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GERSTEIN, ALICE
2025 NW 164 ST.
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name: CELIA INFALD
82 Street Address (P.O. Box Number is Not Acceptable): 2025 NE 164 ST
83: NO MIAMI BEACH
84 City: FL 85 Zip Code: 33162

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: CELIA INFALD — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: 4/28/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HEIT, LEAH TREASURER 2025 NE 164TH ST N MIAMI BCH, FL 00000	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	MARILYN HOCHMAN FINANCIAL SECTY 2025 N.E. 164 ST NO MIAMI BEACH, FL. 33162	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M DEUTSCH, HARRIET 2025 N.E. 164 ST. out N MIAMI BCH FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PRESIDENT CELIA INFALD 2025 NE 164 St. NO MIAMI BEACH, FL. 33162	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GERSTEN, ALICE 2025 NE 164TH ST out N MIAMI BCH, FL 00000	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	ISAAC GOLDIN 2025 NE 164 St. VICE PRES. No MIAMI BEACH, FL. 33162	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDSTEIN, ANNETTE 2025 NE 164TH STREET NORTH MIAMI BEACH FL	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TOWAHEAD, ERIE 2025 NE 164TH STREET NORTH MIAMI BEACH FL	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SLUTSKY, MAX 2025 NE 164TH ST N MIAMI BCH, FL 00000	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: Celia Infald President — 4/7/95 — 305-945-8004
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

CELIA INFALD PRESIDENT

0043788