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Feb 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 331622025 NE 164TH ST.
P.O. BOX 160
NORTH MIAMI BEACH FL 33162-4154

2. Principal Place of Business

2a. Mailing Address

21 C/o JAM Condo

26 295 Fontainebleau Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/29/19693a. Date of Last Report
07/19/19964. FEI Number
59-1357386Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

INFALD, CELIA
2025 NW 164 ST.
NORTH MIAMI BEACH FL 3316281 Name Becker, POLIAKOFF
82 Street Address (P.O. Box Number is Not Acceptable)
5201 BLUE LAGOON DR.
83 Suite 700
84 Miami FL 33126

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 T
NAME HEIT, LEAH
STREET ADDRESS 2025 NE 164TH ST.
CITY - ST - ZIP NORTH MIAMI BEACH FL 331621.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE VP
NAME INFALD, CELIA
STREET ADDRESS 2025 NE 164TH ST.
CITY - ST - ZIP NORTH MIAMI BEACH FL 331622.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIPTITLE P
NAME GOLDIN, ISAAC
STREET ADDRESS 2025 NE 164TH ST.
CITY - ST - ZIP NORTH MIAMI BEACH FL 331623.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE D/S
NAME GOLDSTEIN, ANNETTE
STREET ADDRESS 2025 NE 164TH ST.
CITY - ST - ZIP NORTH MIAMI BEACH FL 331624.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE D
NAME DAVIS, RICHARD H.
STREET ADDRESS 2025 NE 164TH STREET
CITY - ST - ZIP NORTH MIAMI BEACH FL 331625.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE D
NAME HOCHMAN, MARILYN
STREET ADDRESS 2025 NE 164TH ST.
CITY - ST - ZIP NORTH MIAMI BEACH FL 331626.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: Isaac Goldin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0031907

CR2E037 (9/96)