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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 717849

1. Corporation Name

CRESTVIEW TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2025 N.E. 164 STREET
NORTH MIAMI BEACH FL 33160
US

Mailing Address

% JEM MANAGEMENT
275 FOUNTAINEBLEAU BLVD., #200
MIAMI FL 33172
US



Jo J & M Agent

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
12/29/1969

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1357386

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEIN, STEVE ESQ.
930 S. STATE ROAD 7
PLANTATION FL 33317

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 **SD** ☐ DELETE
NAME **HEIT, LEAH**
STREET ADDRESS **2025 NE 164TH ST. #314**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

1.1 TITLE **SD** ☒ Change ☐ Addition
1.2 NAME **Blondet, Linet**
1.3 STREET ADDRESS **2025 NE 164 St. # 803**
1.4 CITY-ST-ZIP **No Miami Beach, FL 33162**

TITLE **TD** ☐ DELETE
NAME **MICHELSON, ISRAEL**
STREET ADDRESS **2025 NE 164TH ST. #608**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

2.1 TITLE **T** ☒ Change ☐ Addition
2.2 NAME **Blondet, Linet**
2.3 STREET ADDRESS **2025 NE 164 St. #803**
2.4 CITY-ST-ZIP **No Miami Beach, FL 33162**

TITLE **D** ☐ DELETE
NAME **KERSHNER, ALBERT**
STREET ADDRESS **2025 NE 164TH ST. #516**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **Michelson, Israel**
3.3 STREET ADDRESS **2025 NE 164 St. # 803**
3.4 CITY-ST-ZIP **No Miami Beach, FL 33162**

TITLE **VP** ☐ DELETE
NAME **KERSHNER, SHERRY**
STREET ADDRESS **2025 NE 164TH ST. #516**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

4.1 TITLE **VP** ☒ Change ☐ Addition
4.2 NAME **Heredia, Ernesto**
4.3 STREET ADDRESS **2025 NE 164 St. # 507**
4.4 CITY-ST-ZIP **No Miami Beach, FL 33162**

TITLE **P** ☐ DELETE
NAME **SPARK, SHIRLEY**
STREET ADDRESS **2025 NE 164TH ST. #616**
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

5.1 TITLE **P** ☒ Change ☐ Addition
5.2 NAME **Blondet, Ricardo**
5.3 STREET ADDRESS **2025 NE 164 St. #803**
5.4 CITY-ST-ZIP **No Miami Beach, FL 33162**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **S** ☐ Change ☒ Addition
6.2 NAME **ISAIAS, Glenda**
6.3 STREET ADDRESS **2025 NE 164 St. #914**
6.4 CITY-ST-ZIP **No Miami Beach, FL 33162**

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

SIGNATURE:

X 7 SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)