FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION O	F CORPORA	TIONS			
DOCUI	MENT # 71797	4 (0)					
COI	NDOMINIUM ASSOC	CIATION OF VAL	ANT H	OUSE, I	50000183		
Principa Place	e of Business	Mailing Address	 ~			32002	
·	th Ocean Drive	801 South C)cean i	Drive	かかかり1.2 0		
	ood, Fl. 33019	Hollywood,					
	000, 12, 000,	,			3. Date Incorporated or Qualified	3a. Date of Last	Report
					1/29/70	2/22/95	5
<u> </u>	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-1370419		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	, , , , , , , , , , , , , , , , , , , ,	5 Additional Required
City & State	θ	City & State			6. Election Campaign Financing	\$5.0	00 May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for i		. 199.032,
24	9. Name and Address of Cu	rrent Registered Agent	30		Fiorida Statutes 10. Name and Address of New R	Yes XXVo	
	3. Humbana Addition of Co	TOTAL FIGURES		81 Name	15. 114115 4114 11411		
DNS PROPERTY MANAGEMENT, INC.				Dennis S Lafkowitz Esq. 82 Street Address (P.O. Box Number is Not Acceptable)			
2295 Corporate Blvd., N.W.					Corporate Blvd.,		
Suite 120				83	•		
Boca Raton, Fl. 33431					te 120		
11. Pursuant to the profisions of Sections 617.0502 and 617.1508, Florida Statutes, the or registered agent, or both, in the State of Florida. Such change was authorized by familiar with, and accept the obligations of, Section 617.0503, Florida Statutes				Boca	a Raton. FL 33431		
 Pursuant or registe 	to the provisions of Sections 617.0 red agent, or/both, in the State of I	0502 and 617.1508, Florida Statu Florida, Such change was author	ites, the abovized by the co	ve-named corpor orporation's boar	ation submits this statement for the pur d of directors. Thereby accept the appo	pose of changing its sintment as registered	registered office d agent. I am
familiär w	ith, and accept the obligations of,	Section 613.0503, Florida Statute	38	•	d. 10	- · ·	Ĭ
SIGNATURE	ligrature, typed or printed name of registered			Agent signature required	G G	76	
1 2 .		AND DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OFF		ORS IN 12
TIZLE	P	DELETE	1.1 TiTi	LE D		☐ Change	DRS IN 12 Addition
NAME	Nathaniel Rau	cher	1.2 NA		rwin Jenkins		
STREET ACORESS	801 South Oce	an Dr.			01 South Ocean Dr		
CITY-ST-ZIP	Hollywood, Fl	. 33019 □DELETE	14 CIT 2 1 TIT	Y-ST-ZIP H	ollywood, Florida	33019 □ Change	☐ Addition
TITLE NAME	VP		2 2 NA	D		Criange	Addition
STREET ADDRESS	Mary Pelham	D		W	illiam Perini	. 4	
CITY-ST-ZIP	801 South Oce		l l	8	01 South Ocean Di	rive	
TITLE	Hollywood, Fl	DELETE	3.1 TIT		ollywood, Florida	Change	☐ Add₁tion
NAME	S/T Cheryl Conito		3 2 NA	ME D	eslie Szskall		
STREET ADDRESS	801 South Oce	an Dr	33516		01 South Ocean Di	rive	
CITY-ST-ZIP	Hollywood, Fl	. 33019 DELETE		TY-ST-ZIP -	ollywood, Fl. 33		Addition
TITLE	110223,1000,12	Minerele	4.1 TIT 4. 2 NA	·	.0	L'1 chauge	☐ ADUITON
NAME STREET AUDRESS				REFT ADDRESS			
CITY-ST-ZIP				Y-\$T-ZIP			
TITLE	D	DELETE	51 11)	Change	Addition
NAME	Leonard Frisc	oli	5 2 NA	-	ail Zareko		
STREET ADDRESS	801 South Ocean Drive			REET ADDRESS 8	01 South Ocean D		
CITY-ST-ZIP	Hollywood, Fl	orida 33019		Y-ST-ZIP	ollywood, Florida	a 33019	
TITLE	D	DELETE	6 1 TiT	LE		Change	Addition
NAME	Isadore Blumb	perg	6 2 NA				CARTO
STREET ADDRESS	801 South Oce	ean Drive	63 ST	REET ADDRESS			5-20-96

14. I do hereby certify first 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 truetee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an andress.

SIGNATURE: X SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-922-1773
Daytime Phone *