FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

Suite, Apt. #, etc.

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717974

(0)

2a. Mailing Address

Suite, Apt. #, etc.

CONDOMINIUM ASSOCIATION OF VALIANT HOUSE, INC

rincipal Place of Business	Mailing Address
N SOUTH OCEAN DRIVE	BOI SOUTH OCEAN DRIVE
OLLYWOOD FL 33019	HOLLYWOOD FL 33019-2126

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FILED Apr 14 1997 8:00am Secretary of State

	Albu albu Bibn a	MANTAL BURGE BIRTH TRAFT

3a. Date of Last Report 05/20/1996

Applied For Not Applicable

\$8.75 Additional

Fee Required

 Date Incorporated or Qualified 01/29/1970

5. Certificate of Status Desired

954-922-7694

4. FEI Number 59-1370419

City & Stat	е	City & State	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip		untry		8. This corporation has liability for intangible tax under s. 199.032,	
24	25	29	30			Florida Statutes 🔲 Yes 🔀 No	
	9. Name and Address of Current	Registered Agent		L,		10. Name and Address of New Registered Agent	
				81	Name	Dennis S. Lefkowitz, esq	
LAFKOWITZ, DENNIS S.			B2	Street	et Address (P.O. Box Number is Not Acceptable)		
2295 CC	PRPORATE BLVD., NW						
SUITE 1	20			83			
BOCA RATON FL 33431			84	City	85 Zip Code		
				"	City	FL 183 Zip Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Sta	tutes, the a	bove	-namec	od corporation submits this statement for the purpose of changing its registers	
agent. I a	egistered agent, or both, in the State o m familiar with, and accept the obligati	r Florida. Such change wa ons of, Section 617,050 3 .	is gulnorize Florida Sta	a by tutes	r the cor i.	rd corporation submits this statement for the purpose of changing its registered prporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE .	DENNIS S. LE Signature, lypod or printed name of registered agent	and litie if applicable	OTE: Registers	d Ago	nt ignatur	70 required when reinstating) 3/24/97 DATE	
12.	OFFICERS AND		13.		/	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 7	ILE		President/Director Change Addition 1 Sadore Blumberg	
NAME	FRISOLI, LEONARD		1.2 N	AME		801 South Ocean Drive	
STREET ADDRESS	801 SOUTH OCEAN DRIVE		1.3 S	TREET	ADDRESS	Hollywood, Florida 33019	
CITY-ST-ZIP	HOLLYWOOD FL 33019		1.4 0	fTY-S	T - ZIP		
TITLE	Р	DELETE	2.1 7	TLE		VP/D ☐ Change ☒ Addition	
NAME	RAUCHER, NATHANIEL		2.2 N	AME		Herbert Hilton	
STREET ADDRESS	801 SOUTH OCEAN DRIVE		2.3 \$	TREET	ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33019		240	HTY-S	T-ZIP	Hollywood, Florida 33019	
TITLE	VP.	DELETE	3.1 7	TLE		VP/D ☐ Change ☑ Addilio	
NAME	PELHAM, MARY		3.2 N	AME		William McGowan	
STREET ADDRESS	801 SOUTH OCEAN DRIVE		3.3 S	TREET	ADDRESS	801 South Ocean Drive	
CITY-ST-ZIP	HOLLYWOOD FL 33019		3.4. 0	HTY-S	T-2(P	Hollywood, Florida 33019	
TITLE	xANT S	DELETE	4.1 T	TLE		T ☐ Change 🙀 Addition	
NAME	CONITO, CHERYL		4.21	IAME		Debbi NcKeever	
STREET ADDRESS	801 SOUTH OCEAN DRIVE		4.3 S	TREET	ADDRESS	801 South Ocean Drive	
CITY-ST-ZIP	HOLLYWOOD FL 33019		4.4 C	(1Y-SI	I-ZIP	Hollywood, Florida 33019	
TITLE	D	☐ DELETE	5.1 T	TLE		Change & Addition	
NAME	JENKINS, WILLIAM		5.2 N	AME		Gail Zareko	
STREET ADDRESS	801 SOUTH OCEAN DRIVE		5.3 \$	REET	ADDRESS	801 South Ocean Drive	
CITY-ST-ZIP	HOLLYWOOD FL 33019		5.4 C	TY-ST	1-71P	Hollywood Florida	
TITLE	D	XX DELETE	6.1 TI	TLE		D Change ***Addition	
NAME	BLUMBERG, ISADORE		6.2 N	ame		Leslie Szskall	
STREET ADDRESS	801 SOUTH OCEAN DRIVE				ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33019		6.4 D	TY-ST	- Z IP		
14. I do hereb	CITY-ST-ZIP HOLLYWOOD FL 33019 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; the lam 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						
informatio	n indicated on this annual report of sup ficer or director of the corporation or th	opiemental annual réport l ne receiver or trustee empi	s true and a owered to e	accu execu	rate and ute this t	id that my signature shall have the same legal effect as it made under oath; to report as required by Chapter 617, Florida Statutes; and that my name	
appears in	Block 12 or Block 13 if changed, or o	n an attachment with an a	ddress.				