FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90175 022 ****61.25

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DOCUMENT # 717974

1. Corporation Name

CONDOMINIUM ASSOCIATION OF VALIANT HOUSE, INC.

Principal Place of Business	Mailing Address
801 SOUTH OCEAN DRIVE HOLLYWOOD FL 33019	801 SOUTH OCEAN DRIVE HOLLYWOOD FL 33019

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/29/1970
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1370419 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KAYE & ROGER, P.A.
6261 NW 6TH WAY
SUITE 103
FT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	ST	☐ Change ☒ Addition
NAME	BLUMBERG, ISADORE		1.2 NAME	ROSALIE AIELLO	
STREET ADDRESS	801 SOUTH OCEAN DRIVE 1104		1.3 STREET ADDRESS	801 SOUTH OCEANDR	
CITY-ST-ZIP	HOLLYWOOD FL 33019		1.4 CITY-ST-ZIP	Hollywood FL 33019	
TITLE	ST	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	SMITH, AMY		2.2 NAME	LEONARD FRIZOLI	
STREET ADDRESS	801 SOUTH OCEAN DRIVE 702		2.3 STREET ADDRESS	801 SOUTH OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD FL 33019		2.4 CITY-ST-ZIP	Hollywood FL 33019	
TITLE	~~D~~	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCGOWAN, WILLIAM		3.2 NAME		
STREET ADDRESS	801 SOUTH OCEAN DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33019		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SZAKALL, LESLIE		4. 2 NAME		
STREET ADDRESS	801 SOUTH OCEAN DRIVE 602		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33019		4.4 CITY-ST-ZIP		
TITLE	~~D~~ PRES	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	POMPLIANO, FRANK		5.2 NAME		
STREET ADDRESS	801 SOUTH OCEAN DRIVE 403		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33019		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JENKINS, IRWIN		6.2 NAME		
STREET ADDRESS	801 SOUTH OCEAN DRIVE 207		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33019		6.4 CITY-ST-ZIP		

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: [signature] [illegible] 4/30/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)