

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 719094 (5)

1. Corporation Name

CONDOMINIUM ASSOCIATION OF PLAZA TOWERS SOUTH, I  
NC.



Principal Place of Business

Mailing Address

1849 S OCEAN DR  
HALLANDALE FL 33009

1849 S OCEAN DR  
HALLANDALE FL 33009

3. Date Incorporated or Qualified

03/05/1970

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1355519

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOL, SPARER  
1849 SOUTH OCEAN DRIVE  
HALLANDALE FL 33009

81 Name

MIKE HYMAN

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

44 WEST FLAGLER

83

84

City  
MIAMI

FL

85 Zip Code  
33130

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	VP	<input type="checkbox"/> DELETE
NAME	FROST, JACK	
STREET ADDRESS	1849 S OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FLYNN, ALEXANDER	
STREET ADDRESS	1849 S OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHERIDAN, SHERRY	
STREET ADDRESS	1849 S OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GAINES, DAN	
STREET ADDRESS	1849 S OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLFF, HANS	
STREET ADDRESS	1849 S OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHULMAN, HY	
STREET ADDRESS	1849 S. OCEAN DR.	
CITY-ST-ZIP	HALLANDALE FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SOL SPARER	
1.3 STREET ADDRESS	1849 S OCEAN DRIVE, APT. 1408	
1.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JACK FROST	
2.3 STREET ADDRESS	1849 S OCEAN DRIVE, APT. 1102	
2.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HANS WOLFF	
3.3 STREET ADDRESS	1849 S OCEAN DRIVE, APT. 1604	
3.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ALEX FLYNN	
4.3 STREET ADDRESS	1849 S OCEAN DRIVE, APT. 1505	
4.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HAROLD BLUMENKRANTZ	
5.3 STREET ADDRESS	1849 S OCEAN DRIVE, APT. 1411	
5.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SHERRY SHERIDAN	
6.3 STREET ADDRESS	1849 S OCEAN DRIVE, APT. 1107	
6.4 CITY-ST-ZIP	HALLANDALE, FL 33009	

14. I do hereby certify that 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 secretary 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)



**PROPERTY MANAGEMENT & MAINTENANCE**  
Licensed Real Estate Broker

**DADE OFFICE**  
12079 S.W. 131st Avenue  
Miami, Florida 33186  
(305) 255-3000  
1 (800) 927-4599  
Fax (305) 238-3535 / 238-7957

**BROWARD OFFICE**  
1067 Shotgun Road  
Sunrise, Florida 33326  
(954) 476-8222  
Dade 577-3301  
Fax (954) 424-7493

**AVENTURA OFFICE**  
20815 N.E. 16th Avenue, B-14  
North Miami Beach, FL 33179  
(305) 654-8682  
Fax (305) 654-8205

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**CONDOMINIUM ASSOCIATION OF PLAZA TOWERS SOUTH DIRECTORS CONTINUE:**  
PLEASE REPLY TO  
AVENTURA OFFICE

**D**  
**DAN GAINES**  
1849 S OCEAN DRIVE, APT. 1007  
HALLANDALE, FL 33009

**D**  
**STEVE ROSEN**  
1849 S OCEAN DRIVE, APT. 1112  
HALLANDALE, FL 33009

**D**  
**MANNIE FUCHS**  
1849 S OCEAN DRIVE, APT. PH5  
HALLANDALE, FL 33009

**D**  
**CHARLES SIEGEL**  
1849 S OCEAN DRIVE, APT. 508  
HALLANDALE, FL 33009

**D**  
**JOE DAVIS**  
1849 S OCEAN DRIVE, APT. PH2  
HALLANDALE, FL 33009