

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 330091849 S OCEAN DR
HALLANDALE FL 33009-49693. Date Incorporated or Qualified
03/05/19703a. Date of Last Report
02/27/1996

4. FEI Number

59-1355519

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

HYMAN, MIKE
44 WEST FLAGLER
MIAMI FL 33130

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 P ☒ DELETE
NAME SPARER, SOL
STREET ADDRESS 1849 S OCEAN DR, #1408
CITY-ST-ZIP HALLANDALE FL1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Jack Frost
1.3 STREET ADDRESS 1840 S. Ocean Drive, #1102
1.4 CITY-ST-ZIP Hallandale, FL 33009TITLE VP ☒ DELETE
NAME FROST, JACK
STREET ADDRESS 1849 S OCEAN DR, #1102
CITY-ST-ZIP HALLANDALE FL2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME Manny Fuchs
2.3 STREET ADDRESS 1849 S. Ocean Dr. #PH05
2.4 CITY-ST-ZIP Hallandale, FL 33009TITLE S ☒ DELETE
NAME WOLFF, HANS
STREET ADDRESS 1849 S OCEAN DR, #1604
CITY-ST-ZIP HALLANDALE FL3.1 TITLE S ☒ Change ☐ Addition
3.2 NAME Henry Hahn
3.3 STREET ADDRESS 1849 S. Ocean Dr., #805
3.4 CITY-ST-ZIP Hallandale, FL 33009TITLE T ☒ DELETE
NAME FLYNN, ALEX
STREET ADDRESS 1849 S OCEAN DRIVE, #1505
CITY-ST-ZIP HALLANDALE FL4.1 TITLE T ☒ Change ☐ Addition
4.2 NAME Norman Kornblau
4.3 STREET ADDRESS 1849 S. Ocean Dr., #315
4.4 CITY-ST-ZIP Hallandale, FL 33009TITLE D ☐ DELETE
NAME BLUMENKRANTZ, HAROLD
STREET ADDRESS 1849 S OCEAN DR, #1411
CITY-ST-ZIP HALLANDALE FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME SHERIDAN, SHERRY
STREET ADDRESS 1849 S OCEAN DR, #1107
CITY-ST-ZIP HALLANDALE FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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; 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.

SIGNATURE:

Norman Kornblau
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR2/20/97
Date

Daytime Phone # 0022604

CR2E037 (9/96)