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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-1355519

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Mary S. King, Manager
1849 South Ocean Drive
Hallandale, FL 33009**

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

Mary S. King, Manager

Signature typed, 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	F	<input type="checkbox"/> DELETE
NAME	FROST, JACK	
STREET ADDRESS	1840 S OCEAN DR #1102	
CITY-ST-ZIP	HALLANDALE FL	

1.1 TITLE	Pres./Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Norman Kornblau	
1.3 STREET ADDRESS	1849 So. Ocean Drive, Hallandale, FL	
1.4 CITY-ST-ZIP	HALLANDALE FL 33009	

TITLE	F	<input type="checkbox"/> DELETE
NAME	FUCHS, MANNY	
STREET ADDRESS	1849 SOCEAN DR #PH05	
CITY-ST-ZIP	HALLANDALE FL	

2.1 TITLE	V. President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Harold Blumenkrantz	
2.3 STREET ADDRESS	1849 So. Ocean Dr.	
2.4 CITY-ST-ZIP	Hallandale, FL 33009	

TITLE	S	<input type="checkbox"/> DELETE
NAME	HAHN, HENRY	
STREET ADDRESS	1849 S OCEAN DR #805	
CITY-ST-ZIP	HALLANDALE FL	

3.1 TITLE	Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Henry Hahn	
3.3 STREET ADDRESS	1849 So. Ocean Drive	
3.4 CITY-ST-ZIP	Hallandale, FL 33009	

TITLE	F	<input type="checkbox"/> DELETE
NAME	KORNBLAU, NORMAN	
STREET ADDRESS	1849 S OCEAN DR #315	
CITY-ST-ZIP	HALLANDALE FL	

4.1 TITLE	Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Norman Kornblau	
4.3 STREET ADDRESS	1849 S Ocean Dr.	
4.4 CITY-ST-ZIP	Hallandale, FL 33009	

TITLE	B VP	<input type="checkbox"/> DELETE
NAME	BLUMENKRANTZ, HAROLD	
STREET ADDRESS	1849 S OCEAN DR, #1411	
CITY-ST-ZIP	HALLANDALE FL	

5.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Sherry Sheridan	
5.3 STREET ADDRESS	1849 So. Ocean Drive	
5.4 CITY-ST-ZIP	Hallandale, FL 33009	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHERIDAN, SHERRY	
STREET ADDRESS	1849 S OCEAN DR, #1107	
CITY-ST-ZIP	HALLANDALE FL	

6.1 TITLE	Asst. Treas./Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Bernard Scheuer	
6.3 STREET ADDRESS	1849 So. Ocean Dr.	
6.4 CITY-ST-ZIP	Hallandale, FL 33009	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(5)(b) Florida Statutes. 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* *Sherry Sheridan* *3/18/98*

CR2E037 (10/97)