

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 719094

1. Corporation Name

CONDOMINIUM ASSOCIATION OF PLAZA TOWERS SOUTH, I

Principal Place of Business 1849 S OCEAN DR HALLANDALE FL 33009 Mailing Address

1849 S OCEAN DR HALLANDALE FL 33009

FILED Feb 23, 1999 8:00 am § Secretary of State

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	. 50015 0450 1851 4040 8141 8141 8141	\$ \$

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2. Principal Pl	lace of Business 2a. Mailing Address 26			3. Date Incorporated or Qualifed 03/05/1970			
Suite, Apt. #, etc. Suite, Apt. #, etc.				4. FEI Number	Арр	lied For	
22 27					59-1355519	- Not	Applicable
City & State City & State				5 0 m + (Otatus Desired	\$8.75 Ac	iditional	
23		5		5. Certifcate of Status Desired	Fee Req	uired	
Zip	Country Zip Country		у	6. Election Campaign Financing	\$5.00 N	May Be	
24	25	29	0		Trust Fund Contribution	Added to	Fees
2-71	9. Name and Address of Current	 			10. Name and Address of New Registered	Agent	
			8	1 Name			
VINC MADV C			room (B.O. Boy Number is Not Acceptable)				
KING, MARY S 1849 S OCEAN DR		**	82 Street Address (P.O. Box Number is Not Acceptable)				
			83	3			
MALLANU	ALE FL 33009		L				
÷			84	'	FL	85 Zip C	
11, Pursuant	to the provisions of Sections 617.0502	2 and 617.1508, Florida Statutes	the above	ve-named corp	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoin	changing its regi	egistered istered
office or r	egistered egent, or both, in the State of m familiar with, and accept the obligati	iens of, Section £17.0503, Florid	la Statute	y trie corporations.	C //	1 -	
<u> </u>	Thurst.	Ma MARACO	10 x	MARIN	NKING 1/15)	199	}
SIGNATURE	Signature, typel or printed name of registered agent	and tittle if applicable:	egistered Agi	ent signature require			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PD	☐ DECETE	1.1 TITLE			Change	☐ Addition
NAME	Kornblau, Norman		1.2 NAME				· .
STREET ADDRESS	1849 SO. OCEAN DRIVE		1.3 STRE	ET ADDRESS		,	·
CITY-ST-ZIP	HALLANDALE FL		1.4 CITY-	ST-ZIP	·		
TITLE	VPD	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	BLUMENKRANTZ, HAROLD		2.2 NAME				
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	HALLANDALE FL 33009		2. 4 CITY-	ST-ZIP	· ·	. ,	
TITLE	SD	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	HAHN, HENRY		3.2 NAME	:			
STREET ADDRESS	1		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	HALLANDALE FL 33009		3.4. CITY-	ST-ZIP			
TITLE	TD	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	KLEIN, NORMAN		4. 2 NAM	:	•		
STREET ADDRESS	1849 SO. OCEAN DRIVE		4.3 STRE	ET ADDRESS			
CITY-ST-ZIP	HALLANDALE FL 33009		4.4 CITY-	ST-ZIP			
TITLE	D	☐ DELETE	5.1 TITLE	TA.	Dans Sucpell	Change	☐ Addition
NAME	SHEIDAN, SHERRY		5.2 NAME	Ş	HERIDAN, SMERING		
STREET ADDRESS	1849 SO. OCEAN DRIVE		5.3 STRE	ET ADDRESS 1	HERIDAN, SHERRY 849 So. DREANDR.		
CITY-ST-ZIP	HALLANDALE FL 33009		5.4 CITY-		ALLANDALE FC 33009		
TITLE	ATD	☐ DELETE	6.1 TITLE	10	- 100/10 > CON/10 ·	Change	Addition
NAME	SCHEUER, BERNARD		6.2 NAME	S(THENEK, BEKINHED		ł
STREET ADDRESS	1849 SO. OCEAN DR.		6.3 STRE	ET ADDRESS 8	49 SO. OCEANDIX		ļ
CITY OF 71D	HALL AND ALE EL 33009		6.4 CITY-	ST-ZIP	FULLANDALE, FL 33/199	7	

14. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 964-456-28/6

R2E037 (11/98)