FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 719219 DOCUMENT #

(8)

L. Corporation N	ame						
DEWEY CONDOMINIUM APTS., INC.							
Principal Place o	f Business	Mailing Address				j 108111 10601 31910 10110 111001 11001 8611 81911 61911 61911 61911 61911 61911 61911	
		1840 DEWEY ST					
1840 DEWEY S HOLLYWOOD F	51 FL 33020-6061	HOLLYWOOD FL 33020-	6061				
11002111000						Date Incorporated or Qualified 3a. Date of Last Report	
						08/31/1970 03/02/1995	
2. Principal Plac	e of Business	2a. Mailing Address				4. FEI Number Applied For 59-1383320 Not Applicabl	
1]		26				\$8.75 Additional	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Certificate of Status Desired Fee Required	
City & State		Orty & State	City & State			6. Election Campaign Financing \$5.00 May Be	
3		28				Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
4	25	29	30			Florida Statutes LI Yes LI No 10. Name and Address of New Registered Agent	
	9. Name and Address of Curren	nt Registered Agent		81	Name	IV. Hallie and Address of Heat Heaters 1.8.	
						The Annual Laboratory of the Annual Laboratory	
THEORET, GERARD				82	Street A	ckkress (P.O. Box Number is Not Acceptable)	
1840 DE	1840 DEWEY ST			83			
APT. 300						85 Zip Code	
HOLLYW	OOD FL 33020-6061			84	City	FL 85 Zip Code	
44 5	a the provisions of Sections 617 050	2 and 617.1508. Florida Statut	es, the ab	ove-r	named cor	rporation submits this statement for the purpose of changing its registered of poard of directors. I hereby accept the appointment as registered agent. I am	
	ed agent, or both, in the Stale of Floi h, and accept the obligations of, Sec			corp	oration's b	rporation submits this statement for the purpose of changing its registered so- poard of directors. I hereby accept the appointment as registered agent. I am	
familiar wit	h, and accept the obligations or, Sec	Stori 617.0505, Florida Statistics					
SIGNATURE	Signature, typed or printed name of registered age	ant and title if applicable (N	Off: Registers	. Age	nt signature rec	quired when reinstating! DATE	
12.		ND DIRECTORS	13			ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE		TITLE	Ì		
NAME	THEORET, GERARD			NAME			
STREET ADDRESS	1840 DEWEY STREET				T ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	€ DELETE			ST-ZIP	V.▶ Ø Change ☐ Addition	
THTLE	VD	™ DELETE	1	TITLE	ı	BODLAY FLORIAN	
NAME	CHARRON, JEAN PAUL			NAME		1840 DEWEY STREET	
STREET ADDRESS	1840 DEWEY STREET				T ADDRESS	HOLLYWOOLD. FL. 33020 - 6061	
CITY-ST-ZIP	HOLLYWOOD FL	DELETE		TITLE	-ST-ZIP	CaChange Additi	
TITLE	DT LOTOCKY L NADIA M	1 Detere	- I	NAME		MUNRO DAPHNE J	
NAME	LOTOCKYJ, NADJA M				ET ADDRESS	1840 DEWEY STREET	
STREET ADDRESS	1840 DEWEY ST HOLLYWOOD FL				-ST-ZIP	HOLLYWOOD FL 33020-6061	
CITY - ST - ZIP TITLE	DS DS	DELETE		TIFLE		D≤ . Change	
NAME	VENER, IRENE	—	4	2 NAM	IE.	MUNRO DAPTINE. J	
	1010 DENEM OF		4.3	STRE	ET ADDIRESS	1840 DENEY STREET	
STREET ADDRESS CITY-ST-ZIP	HOLLYWOOD FL	,			-ST-ZIP	TIDLLYN GOD . TE. DAJE	
TITLE	D	DELETE	5	TITLE		D □ Change □ Addit	
NAME	O'BRIEN, CORA		5	2 NAM	E	LOTOCKYJ NASTA. M.	
STREET ADDRESS			5.	3 STRE	ET ADDRESS	1840 DEWEY STREET HOLLY WOOD . FL . 330>0-6061	
CITY-ST-ZIP	HOLLYWOOD FL		5	4 CITY	-ST-ZIP	Taring Addi	
TITLE		DELETE	6	1 TITLI	Ε	1.3	
NAME				2 NAM		BOULAY FLORENCE 1840 DENEY STREET	
STREET ADDRESS			6	3 STR	EET ADDRESS	HOLLY OF CL STONG - 6061	
CITY-ST-ZIP			6	4 CITY	7-ST-7IP	HOLLYWOOD. FL. 3.3000 - 606/ Indiffy for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furth	
		 In the state of the alice configuration is a first of the state of the	urniched a	nd d	nes not au	TAILY TO THE EXHITIDION STATEOUT OCCUPIT (15.0) (0/kg), Florida Cididados Flatas	

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 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 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 certify that the information indicated on this annual report or supplemental annual report is required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attendment with an address appears in Block 12 or Block 13 if changed, or on an attendment with an address.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

But 15 Page 16 Proce 17 Page 17 Page 17 Page 17 Page 17 Page 17 Page 18 Page 18