

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90225 017 ****61.25

0021819

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 719219					
1. Corporation Name DEWEY CONDOMINIUM APTS., INC.					
Principal Place of Business 1840 DEWEY ST HOLLYWOOD FL 33020-6061			Mailing Address 1840 DEWEY ST HOLLYWOOD FL 33020-6061		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/31/1970	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1383320	
City & State		City & State		5. Certificate of Status Desired ☐	
23		28		\$8.75 Additional Fee Required	
Zip		Country		6. Election Campaign Financing	
24		25		Trust Fund Contribution ☐	
29		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THEORET, GERARD 1840 DEWEY ST APT. 300 HOLLYWOOD FL 33020-6061				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	PD	☐ DELETE		1.1 TITLE	☐ Change ☐ Addition		
NAME	THEORET, GERARD			1.2 NAME			
STREET ADDRESS	1840 DEWEY STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			1.4 CITY-ST-ZIP			
TITLE	VPD	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	CHARRON, JEAN PAUL			2.2 NAME			
STREET ADDRESS	1840 DEWEY ST #207			2.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020			2.4 CITY-ST-ZIP			
TITLE	DT S	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	MUNRO, DAPHNE J			3.2 NAME			
STREET ADDRESS	1840 DEWEY ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL			3.4 CITY-ST-ZIP			
TITLE	S	☒ DELETE		4.1 TITLE	☐ Change ☐ Addition		
NAME	MARTIN, LOUELLA			4.2 NAME	MUNRO DAPHNE J.		
STREET ADDRESS	1840 DEWEY ST			4.3 STREET ADDRESS	1840 DEWEY ST		
CITY-ST-ZIP	HOLLYWOOD FL			4.4 CITY-ST-ZIP	HOLLYWOOD FL 33020		
TITLE	D	☒ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME	KOTACKYJ, NADIJA			5.2 NAME	LITWIN RITA		
STREET ADDRESS	1840 DEWEY ST			5.3 STREET ADDRESS	1840 DEWEY ST		
CITY-ST-ZIP	HOLLYWOOD FL			5.4 CITY-ST-ZIP	HOLLYWOOD FL 33020		
TITLE	D	☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME	O'BRIEN, CORA			6.2 NAME			
STREET ADDRESS	1840 DEWEY ST #302			6.3 STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020			6.4 CITY-ST-ZIP			

14. I 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:

S. Gerard Theoret Feb 15/99 954 921 3731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)