

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 719951 (6)**  
1. Corporation Name  
**COMMODORE PLAZA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
NC. NC.  
2780 N.E. 183RD ST. 2780 N.E. 183RD ST.  
NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160

3. Date Incorporated or Qualified **12/30/1970** 3a. Date of Last Report **04/24/1995**  
4. FEI Number **59-1309007** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent  
**MANDELBAUM, IRVING**  
**2780 NE 183 ST**  
**#200A**  
**N. MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent  
81 Name *Siegfried Bodenheimer*  
82 Street Address (P.O. Box Number is Not Acceptable) *2780 N.E. 183rd St.*  
83  
84 City *Aventura* FL 85 Zip Code *33160*

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 *Siegfried Bodenheimer* DATE **3-1-96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KOSLOVSKY, ALEX	
STREET ADDRESS	2780 N.E. 183 ST.	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SHOOK, RAYMOND	
STREET ADDRESS	2750 N.E. 183 ST #T-304	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BODENNEIMER, SIEGFRIED	
STREET ADDRESS	2750 N.E. 183ST #1008	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MANDELBAUM, IRVING	
STREET ADDRESS	2780 N.E. 183RD ST., #C-2004	
CITY-ST-ZIP	N. MIAMI BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	EKHMAN, DANIEL	
STREET ADDRESS	2780 NE 183 ST #2106	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MATUSON, STANLEY	
STREET ADDRESS	4780 NE 183 ST #1809	
CITY-ST-ZIP	N MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Eichmann, Daniel	
1.3 STREET ADDRESS	2780 N.E. 183rd St. Apt. #2106	
1.4 CITY-ST-ZIP	Aventura FL 33160	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Raymond Shook	
2.3 STREET ADDRESS	2750 N.E. 183rd St. Apt # T-304	
2.4 CITY-ST-ZIP	Aventura FL 33160	
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Siegfried Bodenheimer	
3.3 STREET ADDRESS	2750 N.E. 183rd St.	
3.4 CITY-ST-ZIP	Aventura FL 33160	
4.1 TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Irving Mandelbaum	
4.3 STREET ADDRESS	2780 N.E. 183rd St.	
4.4 CITY-ST-ZIP	Aventura FL 33160	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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: *Daniel Eichmann* DATE: **3/4/96** **305/931-5217**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day/line Phone #

CR2E037 (12/95)