


FILE NOW: FILING FEE IS \$61.25

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Jun 30, 1999 8:00 am
Secretary of State

06-30-1999 90006 043 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 722391 1. Corporation Name MALAGA TOWERS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business		Mailing Address	
1912-1920 South Ocean Drive Hallandale, Fl. 33009		1920 S. Ocean Drive Hallandale, Fl. 33009	
21	2. Principal Place of Business	2a	2a. Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
25	Country	29	Country
30		30	
3. Date Incorporated or Qualified		01/04/1972	
4. FEL Number		59-1429262	
5. Certificate of Status Desired		<input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Becker & Poliakoff, P.A. 3111 Stirling Road Ft. Lauderdale, Fl. 33312		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	NAME
Pres	Herskowitz, Leon	Pres	SHAY, BERNARD
STREET ADDRESS	1912 S. Ocean Drive	1.2 NAME	1920 S. Ocean Dr.
CITY-ST-ZIP	Hallandale, Fl. 33009	1.3 STREET ADDRESS	Hallandale, Fl. 33009
	<input checked="" type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
TITLE	NAME	2.1 TITLE	NAME
V. Pres	Benay, Marcus	V. Pres	LAINO, GERSON (JAY)
STREET ADDRESS	1912 S. Ocean Drive	2.2 NAME	1920 S. Ocean Drive
CITY-ST-ZIP	Hallandale, Fl 33009	2.3 STREET ADDRESS	Hallandale, Fl. 33009
	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE	NAME
Secty.	Furman, Albert	Secty.	DEMEO, ROBERT
STREET ADDRESS	1920 S. Ocean Drive	3.2 NAME Treas	1920 S. Ocean Dr.
CITY-ST-ZIP	Hallandale, Fl. 33009	3.3 STREET ADDRESS	Hallandale, Fl. 33009
	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	NAME
Dir	Meister, Sam	Dir	SCHLESINGER, Aaron
STREET ADDRESS	1912 S. Ocean Drive	4.2 NAME	1920 S. Ocean Dr.
CITY-ST-ZIP	Hallandale, Fl. 33009	4.3 STREET ADDRESS	Hallandale, Fl. 33009
	<input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	NAME
Dir	Rosen, David	Dir	SIBONI, JACQUES
STREET ADDRESS	1920 S. Ocean Drive	5.2 NAME	1912 S. Ocean Dr.
CITY-ST-ZIP	Hallandale, Fl. 33009	5.3 STREET ADDRESS	Hallandale, Fl. 33009
	<input checked="" type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	NAME
		6.2 NAME	
		6.3 STREET ADDRESS	
		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)(l), 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: *Bernard C. Shay, Pres* Bernard Shay, Pres: 6/18/99 (954) 454-2977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #