

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 725424 (6)

1. Corporation Name

JOHN CHARLES CONDOMINIUM ASSOCIATION INC

Principal Place of Business

**7646 ABBOTT AVE.
UNITE #6
MIAMI BEACH FL 33141
US**

Mailing Address

**P. O. BOX 414872
MIAMI BEACH FL 33141
US**



3. Date Incorporated or Qualified
01/31/1973

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FISSET, CECILE
7646 ABBOTT AVENUE, UNIT 6
MIAMI BEACH FL 33141**

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 officer 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 **FISSET, CECILE**
STREET ADDRESS **7646 ABBOTT AVE., APT. #6**
CITY-ST-ZIP **MIAMI BEACH FL**

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VPD** ☒ DELETE

2.1 TITLE **VPD** ☐ Change ☒ Addition

NAME **TREMBLAY, JEAN GUY**
STREET ADDRESS **7646 ABBOTT AVE., APT. #4**
CITY-ST-ZIP **MIAMI BEACH FL**

2.2 NAME **VALDEZ, LIZENAI DA**
2.3 STREET ADDRESS **7646 ABBOTT AVE. APT. #5**
2.4 CITY-ST-ZIP **MIAMI BEACH, FL 33141**

TITLE **SD** ☒ DELETE

3.1 TITLE **STD** ☒ Change ☐ Addition

NAME **DUCHESHE, GABRIELLE**
STREET ADDRESS **7646 ABBOTT AVE., APT. #5**
CITY-ST-ZIP **MIAMI BEACH FL**

3.2 NAME **TREMBLAY, JEAN GUY**
3.3 STREET ADDRESS **7646 ABBOTT AVE. APT. # 4**
3.4 CITY-ST-ZIP **MIAMI BEACH, FL. 33141**

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Cecile Fisset 27 Feb 96 305-866-6864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)