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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 725772

(8)

| 1. Corporati             | on Name  | . (0)   |  |  |  |
|--------------------------|--|---|--|--|--|
| PARK                     | SIDE MANOR "A" CONDOMI   | NIUM, INC.  |  |  |  |
|                          |  |   |  | 1 100111 40010 14001 01111 18001 01011   | Pial Afail Bibir Bibil Bibil Bibil Bibil Bibi  |
| Principal Plac           | pe of Business   | Mailing Address   |  |  |  |
| 170 SW 11T               | H AVE.   | 170 SW 11TH AVE.  |  |  |  |
| BUILDING A               |  | BUILDING A. APT. 11   |  |  |  |
| HALLANDALI               | E FL 33009   | HALLANDALE FL 33009   |  | Date Incorporated or Qualified   | [ 0 D. 41 . 15   |
|                          |  |   |  | 03/08/1973   | 3a. Date of Last Report  |
|                          | Place of Business  | 2a. Mailing Address   |  | 4. FEI Number  | 02/22/1995   |
| 21 /70                   | SW //" AVE   | 26 170 SW   | 11th AVE   | 59-1086648   | Applied For Not Applicable   |
|                          | #, etc.  | Suite, Apt. #, etc.   | 11. //   |  | \$8.75 Additional  |
| 22 Byll                  | ONG A APIALO   | 27 Buil DING  | A APT  | 5. Certificate of Status Desired   | Fee Required   |
| City & Star<br>23 //A/   | LANKALE EL   | City & State  | W- C1  | 6. Election Campaign Financing   | \$5.00 May Bo  |
| Zip -                    | County County  | 28 HALLAND  |  | Trust Fund Contribution  | Added to Fees  |
| 24 7 32                  | 2009 25 USA  | 29 32009  | Country  | 8. This corporation has liability for in   |  |
|                          | 9, Name and Address of Current   | Flegistered Agent   | 30 USA   |  | Yes X No   |
|                          |  | 3   | 81 Name  | 10. Name and Address of New Re   | gistered Agent   |
| CHAIL ALDEDTA            |  |   |  |  |  |
|                          |  |   | 82 Street  | Address (P.O. Box Number is Not Acceptable   |  |
|                          | DALE FL 33009  | 3   | 83   | O SW IIW HVE   | NUE - APT #6   |
| INCOM                    | Dele 1   |   |  |  |  |
|                          |  |   | 84 City  | PALLANDALE   | 85 Zip Code  |
| 11. Pursuant             | to the provisions of Sections 617,0502 a   | and 617 1508. Florida Statutes                                    | the above pamed po                                 | MICANDALE  | FL 33009   |
| or registe<br>familiar w | red agent, or both, in the State of Florida<br>ith, and accept the obligations of, Section   | Such change was authorized  | d by the corporation's t                           | rporation submits this statement for the purp<br>board of directors. I hereby accept the appol   | ose of changing its registered office introduced agent. Lam  |
|                          | init, principologic trie doliganopisy), Section  | 7   |  |  | A Company of the Comp |
| SIGNATURE                | Signature typed or printed name of registered agric an   | ic lit exapplicable. NOTE   | SHARIA<br>E: Registered Agent signature re         | , TREAS.   | 4725/76  |
| 12.                      | OFFICERS AND   | DIRECTORS   | 13.  | ADDITIONS/CHANGES TO OFFIC   | PERS AND DIRECTORS IN 12   |
| TITLE                    | PTD  | DELETE  | 1.1 TITLE  | FOESINENT  | Change Addition  |
| NAME                     | Quail, alberta   | <i>V</i> •  | 1.2 NAME   | LEONARD GATH   | The state of the s |
| STREET ADDRESS           | 170 S.W. 11TH AVENUE   |   | 1.3 STREET ADDRESS                                 | 170 SW 11 AVE, A   | PT 45  |
| CITY-ST-ZIP              | HALLANDALE FL  |   | 1.4 CITY - ST - ZIP                                | HALL ANDALE. FI  | 33009  |
| TITLE                    | <b>S</b>   | DELETE  | 2.1 TITLE  | T/5/D  | Change Addition  |
| NAME                     | GATH, LEONARD  |   | 2.2 NAME   | GANNIM SHARIF  | 2C   |
| STREET ADDRESS           | 170 S.W. 11TH AVENUE   |   | 2.3 STREET ADDRESS                                 | 170 SW MAVENU  | E ARTHE  |
| CITY-ST-ZIP              | HALLANDALE FL  |   | 2 4 CITY-ST-ZIP                                    | HALLANDALE FL  | 33009  |
| TITLE                    | VD   | DELETE  | 3.1 TITLE  | D D  | Change Addition  |
| NAME                     | MARINO, LUCY   |   | 3.2 NAME   | MARGARET BRU   | ISCELLA  |
| STREET AODRESS           | 170 S.W. 11TH AVENUE   |   | 3.3 STREET ADDRESS                                 | 170 SW 1/AVENU   | #18  |
| CITY-ST-ZIP              | HALLANDALE FL  |   | 3.4. CITY - ST - ZIP                               | HALLANDALE, PL   | 33009  |
| TITLE                    | D  | DELETE  | 4.1 TITLE  | D  | rae / beautiful  |
| NAME                     | DI PIETRO, MARIO   |   | 4 2 NAME   | EARL BRUND   | A = = 14 ==  |
| STREET ADDRESS           | 170 S.W. 11TH AVENUE   |   | 4.3 STREET ADDRESS                                 | 170 SW 1/ AVEN   | UE -APT#3  |
| CITY-ST-ZIP              | HALLANDALE FL  |   | 4.4 CITY-ST-ZIP                                    | EARL BRYND<br>170 SW 1/AVEN<br>HALLANDALE, PL  | 33009  |
| TITLE                    | D  | ☐ DELETE  | 5.1 TITLE  |  | ☐ Change ☐ Addition  |
| NAME                     | BALBO, JOE   |   | 5.2 NAME   |  |  |
| STREET ADDRESS           | 170 S.W. 11TH AVENUE   |   | 5.3 STREET ADDRESS                                 |  | ı  |
| CITY-ST-ZIP<br>TITLE     | HALLANDALE FL  | E Para  | 54 CITY-ST-ZIP                                     |  |  |
| Į.                       | D DAGGADHAL DOD  | DELETE  | 6.1 TITLE  |  | Change Addition  |
| NAME                     | PASSARILLI, BOB  |   | 6.2 NAME   |  |  |
| STREET ADDRESS           | 170 S.W. 11TH AVENUE   |   | 6.3 STREET ADDRESS                                 |  |  |
| HTY-ST-ZIP               | HALLANDALE FL  | a this floor is a to the first                                    | 6.4 CITY - ST - ZIP                                |  |  |
| certify that             | the information indicated on this annual   | i mis ming is voluntanly turnish<br>report or supplemental annual | ned and does not qualifite report is true and acci | fy for the exemption stated in Section 119.07 urate and that my signature shall have the satisfied by control of the satisfied by the satisfie | (3)(k), Florida Statutes. I further  |
| oath; that<br>appears in | l am an officer or director of the corporat<br>Block 12 or Block 13 it hanged, or on a   | ion or the receiver or trustee e                                  | impowered to execute                               | urate and that my signature shall have the sa<br>this report as required by Chapter 617, Florid  | da Statutes; and that my name  |
|                          | in an anathra in the state of t | Sugarition with Suprovites:                                       | o.   |  |  |

SIGNATURE: \_\_

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GANNIAN SUSAI FT. TOTAL

4/25/96 (954) 431-7957 Dayline Proper 8