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NONPROFIT CORPORATION ANNUAL REPORT

1996 1-25-96 B- 02911 C

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

DOCUMENT # 727334 (5)

1. Corporation Name

ROKEST CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8400 LAGOS DE CAMPO BLVD TAMARAC FL 33321	8400 LAGOS DE CAMPO BLVD TAMARAC FL 33321

3. Date Incorporated or Qualified: 07/24/1973	3a. Date of Last Report: 01/23/1995
4. FEI Number: 54-1054832	☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ZELZMAN, RUBIN
8390 LAGOS DE CAMPO BLVD.
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name: WOLF JEANNE L.
82 Street Address (P.O. Box Number is Not Acceptable): 8390 LAGOS DE CAMPO BLVD
83
84 City: TAMARAC FL 85 Zip Code: 33321

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: Jeanne L Wolf President DATE: 1/16/96
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 / STREET ADDRESS / CITY-ST-ZIP	P NEWMAN, RAYMOND 8380 LAGOS DE CAMPO BLVD TAMARAC, FL 00000 ☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	SECRETARY REISINGER, ROSLYN 8380 LAGOS DE CAMPO BLVD TAMARAC, FL 33321	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VESPOLE, ANTHONY 8380 LAGOS DE CAMPO BLVD TAMARAC FL ☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE PRESIDENT DEEG, HELEN 8400 LAGOS DE CAMPO BLVD TAMARAC, FL 33321	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S UNGER, RUTH 8390 LAGOS DE CAMPO BLVD TAMARAC FL ☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TREASURER MAIUZZI, DOLORES 8380 LAGOS DE CAMPO BLVD TAMARAC, FL 33321	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ZANE, IRVING 8380 LABOS DE CAMPO BLVD TAMARAC FL ☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DIRECTOR ZELZMAN, RUBIN 8390 LAGOS DE CAMPO BLVD TAMARAC FL 33321	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CONTI, LAURA 8400 LAGOS DE CAMPO BLVD TAMARAC, FL 00000 ☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DIRECTOR LA SALA, ETHEL 8400 LAGOS DE CAMPO BLVD TAMARAC, FL 33321	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FLORIMONTE, FRANK 8380 LAGOS DE CAMPO BLVD TAMARAC FL ☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DIRECTOR FRIEDMAN, ROSLYN 8390 LAGOS DE CAMPO BLVD TAMARAC, FL 33321	☐ Change ☑ Addition

CR2E037 (12/95)

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: Jeanne L Wolf JEANNE L. WOLF 1/16/96 954-726-3975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #