


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **729431** (7)
1. Corporation Name
ARMEN APARTMENT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 7770-7772 TATUM WATERWAY DRIVE MIAMI BCH FL 33141	Mailing Address 7770-7772 TATUM WATERWAY DRIVE MIAMI BCH FL 33141-1856
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/12/1974		3a. Date of Last Report 04/25/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 50-1577829		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHUMACHER, MARCIA F. 7772 TATUM WATERWAY DRIVE MIAMI BEACH FL 33141				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 *Marcia F. Schumacher*

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	TD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SCHUMACHER, MARCIA F.			1.2 NAME			
STREET ADDRESS	7772 TATUM WATERWAY DR			1.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI BCH, FL 00000			1.4 CITY - ST - ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SCHUMACHER, MARCIA F.			2.2 NAME			
STREET ADDRESS	7772 TATUM WATERWAY DR			2.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI BCH, FL 00000			2.4 CITY - ST - ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LAPIN, ADELE			3.2 NAME			
STREET ADDRESS	7770 TATUM WATERWAY DR			3.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI BCH, FL 00000			3.4 CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GARRIGO, RAUL			4.2 NAME			
STREET ADDRESS	9373 ABBOTT AVE			4.3 STREET ADDRESS			
CITY - ST - ZIP	SURFSIDE FL			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Marcia F. Schumacher*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97

305 861-4674
Daytime Phone # 0029769

CR2E037 (9/96)