

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **729525** (6)
1. Corporation Name
THE MARIPOSA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2001 S. SURF RD
HOLLYWOOD FL 33019**

Mailing Address
**2001 S. SURF RD
HOLLYWOOD FL 33019-2528**

| | | | | | | | |
|--------------------------------|--|------------------------|--|--|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/01/1974 | | 3a. Date of Last Report 01/23/1996 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 98-0031908 | | Applied For 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 | | 29 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 | | | |
| RAPBEN, RICHARD C 2130 HOLLYWOOD BLVD. 14 NORTHEAST FIRST AVENUE HOLLYWOOD FL 33020 | | | | 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|-------------------------------|--|--|---|--------------------------------|--|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FERRACUTTI, R. | | | 1.2 NAME | CHARLES MILLER | | |
| STREET ADDRESS | 19 BURNT LOG CRESCENT | | | 1.3 STREET ADDRESS | 2001 S. SURF RD #2B | | |
| CITY-ST-ZIP | ETOBICOKE, ONTARIO-CAN | | | 1.4 CITY-ST-ZIP | HOLLYWOOD, FL. 33019 | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | AGGAR, JOE | | | 2.2 NAME | DOROTHY JAMARINO | | |
| STREET ADDRESS | 2001 S. SURF RD | | | 2.3 STREET ADDRESS | 2001 S. SURF RD #7A | | |
| CITY-ST-ZIP | HOLLYWOOD FL | | | 2.4 CITY-ST-ZIP | HOLLYWOOD, FL. 33019 | | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | ROBERTA ROSENFELD, PRES | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BEVEDERE, ROCKY | | | 3.2 NAME | 2001 S. SURF RD #1B | | |
| STREET ADDRESS | 2001 S. SURF RD APT 4C | | | 3.3 STREET ADDRESS | HOLLYWOOD, FL. 33019 | | |
| CITY-ST-ZIP | HOLLYWOOD FL | | | 4.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | P | <input type="checkbox"/> DELETE | | 4.2 NAME | FLORENCE D. TOMASSO | | |
| NAME | CALDERONE, GUS | | | 4.3 STREET ADDRESS | 2001 S. SURF RD #4E | | |
| STREET ADDRESS | 2001 S. SURF RD APT 4C | | | 4.4 CITY-ST-ZIP | HOLLYWOOD, FL. 33019 | | |
| CITY-ST-ZIP | HOLLYWOOD FL | | | 5.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.2 NAME | WILLIAM VANDERMAY | | |
| NAME | | | | 5.3 STREET ADDRESS | 2001 S. SURF RD | | |
| STREET ADDRESS | | | | 5.4 CITY-ST-ZIP | HOLLYWOOD, FL. 33019 | | |
| CITY-ST-ZIP | | | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.2 NAME | | | |
| NAME | | | | 6.3 STREET ADDRESS | | | |
| STREET ADDRESS | | | | 6.4 CITY-ST-ZIP | | | |
| 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: _____

4-14-97

954-922-3913

CR2E037 (9/96)