FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 730749

(9)

28004224RM	FAST	CONDOMINIUM	ASSOCIATION.	INC.

Principal Place of Business Mailing Address

3215 S OCEAN BLVD 3215 S OCEAN BLVD
HIGHLAND BCH FL 33487 HIGHLAND BCH FL 33487

۱	IIGHLAND BCH FL 33487			HIGHLAND BOH FL 33	M-101						
								3. Date Incorporated or Qualified 09/23/1974		e of Last Report 13/01/1995	
\neg	Principal Place of Busine	ess	28 26	a. Mailing Address				4. FEI Number 59-1713210		Applied For Not Applicable	
21	Suite, Apt. #, etc. 22 City & State			Suite, Apt. #, etc. 27 City & State 28				5. Certificate of Status Desired	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
							1. <u>1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1</u>	Election Campaign Financing Trust Fund Contribution			
23 24	Zιρ	Country 25	29	Zip	30 Co	ountry		8. This corporation has liability for in Florida Statutes 10. Name and Address of New Re	Yes 🗌	No	
g. Name and Address of Current Registered Agent						81	Name	10. Name and Address of New A	og.o.o.o		
MOLLENGARDEN, PETER S ESQUIRE BECKER & POLIAKOFF, P.A.					82 Street Address (P.O. Box Number is Not Acceptable)						
		an ave., 7th floor				83	City		FI	85 Zip Code	
L		inne of Costiono 617.050	2 and 6	817 1508 Florida Stati	utes the a	i bove-r	named corpor	ration submits this statement for the pur		inging its registered office	

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.

	i, and accept the designment					
SIGNATURE _	Signature, typed or printed name of registered agent and title I ap-		Registered Agent signature re-	ure) where reinstating/ DATE ADDITIONS/CHANGE'S TO OFFICERS AN	ID DIDECTO	DS IN 19
12.	OFFICERS AND DIRECT		13.	ADDITIONS/CHANGES TO OFFICE NS A	Change	Addition
TITLE	PD	DELETE	1 1 TITLE		U Change	☐ Addition
NAME	JACOBSON, CHARLES		12 NAME			
STREET ADDRESS	3215 S, OCEAN #602		1.3 STREET ADDRESS			
CITY - ST - ZIP	HIGHLAND BCH, FL 00000		1.4 CITY - ST - ZIP		Change	XX Addition
TITLE	VD	₹]DELETE	2 t TITLE	Treasurer $\mathcal{T} D$	Criange	AA Nao ton
NAME	Merton, Rubin		2.2 NAME	John P. Rogers		
STREET ADDRESS	3215 S. OCEAN BLVD, 906		2 3 STREET ADORESS	3215 S. Ocean Blvd. #1008		
	HIGHLAND BCH. FL		2 4 CiTY - ST - ZIP	Highland Beach, FL 33487		
CITY-ST-ZIP TITLE	SD '	▼]DELETE	3 1 TITLE	Secretary SD	Change	XX Addition
NAME	KELLER, IRENE		3.2 NAME	Eleanor Lowe		
STREET ADDRESS	3221 S. OCEAN #704		3.3 STREET ADDRESS	3221 S. Ocean Blvd. #907		
CITY-ST-ZP	HIGHLAND BCH, FL 00000		3.4. C!TY-ST-ZIP	Highland Beach, FL 33487	F3.05	- And Addition
TITLE	TD	₹] DELETE	4 1 TITL€	Director D	Change	XX Addition
NAME	MILLER, PHILLIP J		4. 2 NAME	Edward D'Amato		
STREET ADDRESS	3301 S. OCEAN #504		4 3 STREET ADDRESS	3301 S. Ocean Blvd. #202		
CITY-S1-ZIP	HIGHLAND BCH FL		4.4 CITY - ST - ZIP	Highland Beach, FL 33487	Change	Addition .
TITLE	VD	DELETÉ	5.1 TITLE		□ change	T Addition
NAME	GOTTLIEB, HERBERT		5.2 NAME			
STREET ADDRESS	3221 S. OCEAN #903		5.3 STREET ADDRESS			
CITY-ST-ZIP	HIGHLAND BEACH FL		5 4 CITY - ST - ZIP		Change	Addition
TITLE	D	DELETE	6 1 TITLE	VD	CHAIRE	A
NAME	GUILFORD, BARARA		6 2 NAME			
STREET ADDRESS	3301 S. OCEAN #105		6.3 STREET ADDRESS			
CITY-SI-ZIP	HIGHLAND BEACH FL		6 4 CITY - ST- ZIP	life for the exemption stated in Section 119.07(3)(k).	Florida State	utes. I further

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 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 certify 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Charles Jacobson, President

3/1/96.....

407-278-4148

CR2E037 (12/9