

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 735220 (6)

1. Corporation Name

4081 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4081 NORTH FEDERAL HIGHWAY  
POMPANO BEACH FL 33064-6082

1921 NE 27 CT  
LIGHTHOUSE PT FL 33064  
US



3. Date Incorporated or Qualified

03/11/1976

3a. Date of Last Report

02/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1666384

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADMAS, W. H  
1921 NE 27 CT  
LIGHTHOUSE PT FL 33064

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE  
NAME AMATO, CARMINE  
STREET ADDRESS 2701 NE 47TH ST  
CITY-ST-ZIP LIGHTHOUSE PT FL

TITLE PD ☐ DELETE  
NAME ELLIOTT, WILLIAM  
STREET ADDRESS 3565 COMMODORE CIR  
CITY-ST-ZIP DELRAY BCH FL

TITLE D ☐ DELETE  
NAME HASIS, THOMAS A  
STREET ADDRESS 4081 N. FEDERAL HWY  
CITY-ST-ZIP POMPANO BEACH FL

TITLE STD ☐ DELETE  
NAME ADAMS, W. H  
STREET ADDRESS 1921 NE 27TH COURT  
CITY-ST-ZIP LIGHTHOUSE POINT FL

TITLE D ☐ DELETE  
NAME MIRABILE, DOMINIC S  
STREET ADDRESS SUITE 240/4081 N FEDERAL HWY  
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

W. H. Adams, STD

Date

Daytime Phone #

CR2E037 (12/95)