

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

**95 APR -7 AM 11: 12**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 736786 (5)**

**1. Corporation Name  
THE 3862 CONDOMINIUM, INC.**

**Principal Place of Business Mailing Address  
3862 NE 171 ST. 3862 NE 171 ST.  
N. MIAMI FL 33180 N. MIAMI FL 33180**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified 09/10/1976 3a. Date of Last Report 03/03/1994**  
**4. FBI Number 59-2365390** Applied For Not Applicable

**2. Principal Place of Business 2a. Mailing Address**  
**21** Suite, Apt. #, etc. **22** Suite, Apt. #, etc.  
**23** City & State **26** City & State  
**24** Zip **25** Country **29** Zip **30** Country

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**  
**6. Election Campaign Financing Trust Fund Contribution**  **\$5.00 May Be Added to Fees**  
**7. Nonprofit with IRS 501(c)(3) Tax Exempt Status**  **\$68.75 Supplemental Fee Not Required**  
**8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes**  Yes  No

**9. Name and Address of Current Registered Agent**  
**DONAHUE, JOHN G.  
3862 NE 171 ST. #D  
N. MIAMI BEACH FL 33180**

**10. Name and Address of New Registered Agent**  
**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 607.0502 and 607.1508, 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 607.0505, 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**

<b>TITLE</b>	<b>PD</b>
<b>NAME</b>	<b>DONAHUE, JOHN G</b>
<b>STREET ADDRESS</b>	<b>3862 NE 171ST STREET</b>
<b>CITY - ST - ZIP</b>	<b>N MIAMI BEACH FL</b>
<b>TITLE</b>	<b>SD</b>
<b>NAME</b>	<b>SHERMAN, EDNA</b>
<b>STREET ADDRESS</b>	<b>3862 NE 171ST STREET</b>
<b>CITY - ST - ZIP</b>	<b>N MIAMI BEACH FL</b>
<b>TITLE</b>	<b>VTD</b>
<b>NAME</b>	<b>ALLEN, SCOTT</b>
<b>STREET ADDRESS</b>	<b>3862 NE 171ST STREET</b>
<b>CITY - ST - ZIP</b>	<b>N MIAMI BEACH FL</b>
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY - ST - ZIP</b>	
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY - ST - ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY - ST - ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY - ST - ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY - ST - ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY - ST - ZIP</b>	

**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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE:** *John G. Donahue* **JOHN G. DONAHUE** 3/31/95 305-945-037X  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #