


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90004 048 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 738423 ✓

1. Corporation Name
BRISTOL COURT CONDOMINIUM ASSOCIATION OF LAUDERDALE LAKES, INC.

Principal Place of Business 4740 N.W. 24TH COURT A-100 LAUDERDALE LAKES FL 33313 US	Mailing Address 4740 N.W. 24TH COURT A-100 LAUDERDALE LAKES FL 33313 US
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2. Principal Place of Business 21 <u>A & M Property Mgt.</u> Suite, Apt. #, etc.	2a. Mailing Address 26 <u>A & M Property Mgt.</u> Suite, Apt. #, etc.	3. Date Incorporated or Qualified 03/22/1977
22 <u>3475 N. Hiatus Rd.</u> City & State	27 <u>3475 N. Hiatus Rd.</u> City & State	4. FEI Number 59-1755366
23 <u>Sunrise, Fl</u> Zip Country	28 <u>Sunrise, FL</u> Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 <u>33351</u> 25 <u>U.S.A.</u>	29 <u>33351</u> 30 <u>U.S.A.</u>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

TAMAR, DUFFNER SHENDE P
3650 NORTH FEDERAL HIGHWAY
SUITE #208
LIGHTHOUSE POINT FL 33064

10. Name and Address of New Registered Agent

81 Name A & M Property Mgt., Inc.
 82 Street Address (P.O. box number is Not Acceptable)
3475 N. Hiatus Road
 83
 84 City Sunrise **FL** 85 Zip Code 33351

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] DATE 7/1/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<u>D</u>	<input checked="" type="checkbox"/>
NAME	<u>LIPP, MEL</u>	
STREET ADDRESS	<u>4800 NW 24TH CT 207-D</u>	
CITY-ST-ZIP	<u>LAUDERDALE LAKES FL</u>	
TITLE	<u>D</u>	<input checked="" type="checkbox"/>
NAME	<u>MATARAZZO</u>	
STREET ADDRESS	<u>4740 N.W. 24TH COURT A-215</u>	
CITY-ST-ZIP	<u>LAUDERDALE LAKES FL</u>	
TITLE	<u>D</u>	<input type="checkbox"/>
NAME	<u>ZAMIR, ELISHA</u>	
STREET ADDRESS	<u>18458 OLD PRINCETON LN</u>	
CITY-ST-ZIP	<u>BOCA RATON FL</u>	
TITLE	<u>PD</u>	<input type="checkbox"/>
NAME	<u>LEMASURIER, ROSE ANN</u>	
STREET ADDRESS	<u>5520 NW 51ST AVE</u>	
CITY-ST-ZIP	<u>COCONUT CREEK FL</u>	
TITLE	<u>D</u>	<input checked="" type="checkbox"/>
NAME	<u>MANSOUR, LOUIS</u>	
STREET ADDRESS	<u>1349 SEAVIEW DRIVE</u>	
CITY-ST-ZIP	<u>NORTH LAUDERDALE FL 33068</u>	
TITLE	<u>D</u>	<input type="checkbox"/>
NAME	<u>MARCUSON, EVERETT</u>	
STREET ADDRESS	<u>3440 NE 17TH WAY</u>	
CITY-ST-ZIP	<u>FORT LAUDERDALE FL 33334</u>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<u>D</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<u>Daniel Barton</u>		
1.3 STREET ADDRESS	<u>2176 W. Oakland Pk, Blyd</u>		
1.4 CITY-ST-ZIP	<u>FT. Lauderdale, FL 33311</u>		
2.1 TITLE	<u>D</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<u>Maurice Delay</u>		
2.3 STREET ADDRESS	<u>6421 NW 54 Street</u>		
2.4 CITY-ST-ZIP	<u>Lauderhill, FL 33309</u>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED Rose Ann L. Masurier
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0005356
CR2E037 (5/99)