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 # 738863 (0)

1. Corporation Name

ABITARE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3495 MAIN HIGHWAY COCONUT GROVE FL 33133	10465 SW 42 TERRACE MIAMI FL 33165

3. Date Incorporated or Qualified: 04/28/1977

3a. Date of Last Report: 06/22/1995

4. FEI Number: 59-2023220 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~NEALE, DAVID C.~~ HARVEY COHEN
~~3495~~ VIA ABITARE 3167
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name: HARVEY COHEN
82 Street Address (P.O. Box Number is Not Acceptable): 3167 VIA ABITARE
83
84 City: MIAMI FL 85 Zip Code: 33133

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 617.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GREENFIELD, PRISCILLA 3194 VIA ABITARE MIAMI FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~NEALE, DAVID C.~~ HARVEY COHEN ~~3495~~ VIA ABITARE 3167 MIAMI FL 33133	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GAMBOA, ~~ANDERA~~ ~~CARLOS~~ 3169 VIA ABITARE MIAMI FL 33133	☒ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COONEY, JOHN 3190 VIA ABITARE MIAMI FL 33133	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	~~PD~~ PRESIDENT HARVEY COHEN 3167 VIA ABITARE MIAMI FL 33133	☐ Change ☑ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	CARLOS GAMBOA 3169 VIA ABITARE MIAMI FL 33133	☐ Change ☑ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	500001798065 -04/29/96--01031--012 ***61.25	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DCB 4-27-96	☐ Change ☐ Addition

CR2E037 (12/95)

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: _____ President 3/6/96 305-925-3939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0044737