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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 738863

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/28/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2023220 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

COHEN, HARVEY
3167 VIA ABITARE
MIAMI FL 33133

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☒ DELETE	1.1 TITLE	SD	☐ Change ☒ Addition
NAME	LATHAM, LYNN		1.2 NAME	Linda Fitzpatrick	
STREET ADDRESS	3187 VIA ABITARE		1.3 STREET ADDRESS	3196 Via Abitare	
CITY-ST-ZIP	MIAMI FL 33133		1.4 CITY-ST-ZIP	~~Miami FL 33133~~	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, HARVEY		2.2 NAME		
STREET ADDRESS	3167 VIA ABITARE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COONEY, JOHN		3.2 NAME		
STREET ADDRESS	3190 VIA ABITARE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		3.4. CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	ROBINSON, AHL		4. 2 NAME	Robinson, Hal	
STREET ADDRESS	3163 VIA ABITARE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	WOLFSON, BARNIE		5.2 NAME	Wolfson, Bernie	
STREET ADDRESS	3165 VIA ABITARE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, IF REQUIRED John W. Cooney 1/27/99 3056731313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #