

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 # 740828 (9)

1. Corporation Name

VENTNOR "G" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4007 VENTNOR G
DEERFIELD BEACH FL 33442

4007 VENTNOR G
DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified
11/18/1977

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Same as above

26 Same as above

4. FEI Number
59-1887212

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip Country

25 Country

29 Zip Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEAPS, BOB
4007 VENTNOR G
DEERFIELD BEACH FL 33442

81 Name HEAPS, Bob
82 Street Address (P.O. Box Number is Not Acceptable) 4007 VENTNOR G
83 Deerfield Beach
84 City FLORIDA FL 85 Zip Code 33442

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HEAPS, BOB	
STREET ADDRESS	4007 VENTNOR G	
CITY-ST-ZIP	DEERFIELD BEACH, FLO	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LEVINE, RONA	
STREET ADDRESS	1015 VENTNOR G	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOFFNER, MARVIN	
STREET ADDRESS	4005 VENTNOR G	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KATZ, SIGMUND	
STREET ADDRESS	2008 VENTNOR G	
CITY-ST-ZIP	DEERFIELD BEACH, FLO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWARTZ, JACK	
STREET ADDRESS	3002 VENTNOR G	
CITY-ST-ZIP	DEERFIELD BEACH, FLO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEISS, SHIRLEY	
STREET ADDRESS	4008 VENTNOR G	
CITY-ST-ZIP	DEERFIELD BEACH, FLO	

1.1 TITLE	1. WILHARD KRASIK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	3013 VENTNOR G	
1.3 STREET ADDRESS	DEERFIELD BEACH FL	
1.4 CITY-ST-ZIP		
2.1 TITLE	2. SOL MITCHELL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	2012 VENTNOR G	
2.3 STREET ADDRESS	DEERFIELD BEACH, FL	
2.4 CITY-ST-ZIP		
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HOFFNER, MARVIN	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	800001797708	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	04/29/96-01024-001	
5.3 STREET ADDRESS	***15128.75	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert M. Heaps

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT M. HEAPS PRESIDENT

2/21/1996 954426-4481

Date

Daytime Phone #

CR2E037 (12/95)