


FILE NOW: FILING FEE IS \$61.25

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AND
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97 APR 28 AM 11:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740828 (9)

1. Corporation Name
VENTNOR "G" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 4007 VENTNOR G DEERFIELD BEACH FL 33442	Mailing Address 4007 VENTNOR G DEERFIELD BEACH FL 33442-2403
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3. Date Incorporated or Qualified 11/18/1977	3a. Date of Last Report 04/27/1996
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2. Principal Place of Business 21 1015 Ventnor G Suite, Apt. #, etc.	2a. Mailing Address 26 1015 Ventnor G Suite, Apt. #, etc.	4. FEI Number 59-1887212	Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 Deerfield Beach, FL	27 City & State 28 Deerfield Beach, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 33442	25 Country	29 Zip 33442-2403	30 Country

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

9. Name and Address of Current Registered Agent HEAPS, BOB 4007 VENTNOR G DEERFIELD BEACH FL 33442	10. Name and Address of New Registered Agent 81 Name Rona Levine 82 Street Address (P.O. Box Number is Not Acceptable) 1015 Ventnor G 83 84 City Deerfield Beach FL 85 Zip Code 33442
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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: Rona Levine DATE: **1-15-97**
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 PD	<input type="checkbox"/> DELETE KRASIK, WILLARD STREET ADDRESS 3013 VENTNOR G CITY-ST-ZIP DEERFIELD BEACH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200002159482--3 -04/29/97--01109--001 ***15190.00 ***61.25
TITLE VD	<input type="checkbox"/> DELETE MITCHELL, SOL STREET ADDRESS 2012 VENTNOR G CITY-ST-ZIP DEERFIELD BEACH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	<input checked="" type="checkbox"/> DELETE HOFFNER, MARVIN STREET ADDRESS 4005 VENTNOR G CITY-ST-ZIP DEERFIELD BEACH FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director Irving Bodner 2004 Ventnor G Deerfield Beach, FL 33442
TITLE D	<input type="checkbox"/> DELETE KATZ, SIGMUND STREET ADDRESS 2008 VENTNOR G CITY-ST-ZIP DEERFIELD BEACH, FLO	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input checked="" type="checkbox"/> DELETE SWARTZ, JACK STREET ADDRESS 3002 VENTNOR G CITY-ST-ZIP DEERFIELD BEACH, FLO	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director Abraham Fischer 4012 Ventnor G Deerfield Beach, FL 33442
TITLE D	<input checked="" type="checkbox"/> DELETE WEISS, SHIRLEY STREET ADDRESS 4008 VENTNOR G CITY-ST-ZIP DEERFIELD BEACH, FLO	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Director Helen Winner 4016 Ventnor G Deerfield Beach, FL 33442

14. I do 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.

SIGNATURE: Rona Levine DATE: **1-15-97** (954) 427-5655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0042906

CR2E037 (9/96)