

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$309)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741568 (0)

1. Corporation Name

ST. JAMES CONDOMINIUM ASSOCIATION, INC.

FILED

95 AUG -7 AM 10: 28

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
5253 DECARIE BLVD., SUITE 410 5253 DECARIE BLVD., SUITE 410
MONTREAL QUEBEC MONTREAL QUEBEC
CANADA H3W 3C3 CANADA H3W 3C3

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/08/1978 3a. Date of Last Report 02/17/1994
4. FEI Number 59-1845015 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 2b. Suite, Apt. #, etc.

22 City & State 2c. City & State

23 Zip Country 2d. Zip Country

24 25 29 30

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAWRENCE, STEVE
3204 SE 11TH ST., APT. 106
FT. LAUDERDALE FL 33062

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 _____ (NOTE: Registered Agent signature required when operating) DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, STEVE	12 NAME	
STREET ADDRESS	401 CHURCH AVENUE	13 STREET ADDRESS	
CITY - ST - ZIP	BEACONFELD H3Y IW3	14 CITY - ST - ZIP	
TITLE	TD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAMEL, TEWFIK	22 NAME	
STREET ADDRESS	4342 WESTMOUNT AVE.	23 STREET ADDRESS	
CITY - ST - ZIP	MONTREAL H3Y IW3	24 CITY - ST - ZIP	
TITLE	VD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARENA, ANTOINE	32 NAME	
STREET ADDRESS	8325 L'ACADIE, APT. 209	33 STREET ADDRESS	
CITY - ST - ZIP	MONTREAL H3N 2W5	34 CITY - ST - ZIP	
TITLE	SD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENZRIHEM, ROBERT	42 NAME	
STREET ADDRESS	5717 MELLING	43 STREET ADDRESS	
CITY - ST - ZIP	COTE ST. LUC H4W 2C5	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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: _____ DATE: JUN 14, 1995 (JAN) 183-2278