FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

741568

(0)

ST. JAMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address				1 18841 (48) (4:49: 189: 9110 4:18: 9	Dre Bullet Arder Ander Andre Alfie Arder in Andre
		5253 DECARIE BLVD MONTREAL OUEBEC CANADA H3W 3C3	SUITE 410		
		Shilliph Hote 500		 Date Incorporated or Qualified 02/08/1978 	3a. Date of Last Report 08/07/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1845015	Not Applicable
Suite, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State	ł	City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for inf	······································
24	25			Florida Statutes	
	Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	gistered Agent
			81 Name		
	CE, STEVE		82 Street Addr	ress (P.O. Box Number is Not Acceptable)
3204 SE 11TH ST., APT. 106				•	
FT. LAUDERDALE FL 33062 [83]					
			84 City		85 Zip Code
4.4 (5)	40-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-	1017 1500 EL 11 01 1			FL 2 25 3000
or register	ed agent, or both, in the State of Flori	da. Such change was authoriz	ed by the corporation's boar	ration submits this statement for the purpord of directors. I hereby accept the appoi	ose of changing its registered office ntment as registered agent. I am
familiar wit	th, and accept the obligations of, Sect	tion 617.0503, Florida Statutes	S	, , , , , , , , , , , , , , , , , , , ,	• •
SIGNATURE _	(0)	The state of the s	arr n		
12.	Signature, typed or printed name of registered agent OFFICERS AN	D DIRECTORS	OTE: Registered Agent signature required 13.	ADDITIONS/CHANGES TO OFFIC	PERS AND DIRECTORS IN 12
TIPLE	PD	DELETE	1.1 TITLE	ABBITIONS OF PROCESS TO OFFICE	Change Addition
NAME	LAWRENCE, STEVE		1.2 NAME		
STREET ADDRESS	401 CHURCH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BEACONFELD H3Y IW3		1.4 CITY-ST-ZIP		
TIFLE .	TD	DELETE	2.1 TiTLE	1-214-3-1-1-1	☐ Change ☐ Addition
NAME	KAMEL, TEWFIK		2.2 NAME		
STHEET ADDRESS	4342 WESTMOUNT AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MONTREAL H3Y IW3		2. 4 CITY-ST-ZIP		
THLE	VD O	DELETE	3.1 TITLE		Change Addition
NAME	Sarena, antoine		3.2 NAME	·	
STREET ADDRESS	8325 L'ACADIE, APT. 209		3.3 STREET ADDRESS		
CITY-ST-ZIP	MONTREAL H3N 2W5		3.4. CITY-ST-ZIP		
TITLE	SD	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BENZRIHEM, ROBERT		4. 2 NAME		
STREET ADORESS	5717 MELLING		4.3 STREET ADDRESS		
CITY-ST-ZIP	COTE ST. LUC H4W 2C5		4.4 CITY-ST-ZIP		
TITLE		□DELETE	5 1 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADORESS			5 3 STREET ADDRESS		
CITY-ST-ZIP		Dorugto	5 4 CITY-ST-ZIP		D 05
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
14. Ldo hereb	v pertify that the information supplied	with this filing is voluntarily fun	64 CITY-ST-ZIP	for the exemption stated in Section 119.0	7/3)/k/ Florida Statiston I further
certify that oath; that	t the information indicated on this anni	ual report or supplemental and oration or the receiver or truste	nual report is true and accura se empowered to execute thi	ate and that my signature shall have the s is report as required by Chapter 617, Flor	ame legal effect as if made under

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR