

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 # 744909 (3)
1. Corporation Name
9124 COLLINS AVENUE CONDOMINIUM ASSOCIATION, INC



Principal Place of Business Mailing Address
9124 COLLINS AVE. SURFSIDE FL 33154-3101
9124 COLLINS AVE. SURFSIDE FL 33154-3101

3. Date Incorporated or Qualified 11/13/1978
3a. Date of Last Report 03/27/1995

2. Principal Place of Business 21
2a. Mailing Address 26
Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27
City & State 23 City & State 28
Zip 24 Country 25 Zip 29 Country 30

4. FEI Number 59-2224150 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
DE LA PORTILLA, MARIA
3663 SW 8TH ST #205
MIAMI FL 33135

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	FORTUNATO, RAIZA	
STREET ADDRESS	9124 COLLINS AVE #401	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	DP President	<input type="checkbox"/> DELETE
NAME	ZAMORA, EUGENE	
STREET ADDRESS	6124 COLLINS AVE. #302	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ROE SERRALTA	
STREET ADDRESS	9124 COLLINS AVE, APT. 304	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	TOTH, ROBERT	
STREET ADDRESS	9124 COLLINS AVE. #202	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	DVP Recording Secretary	<input type="checkbox"/> DELETE
NAME	KAPIS, ANGELICA	
STREET ADDRESS	6124 COLLINS AVE. #403	
CITY-ST-ZIP	SURFSIDE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	VASILATOS, SANDY	
STREET ADDRESS	9124 COLLINS AVE. #201	
CITY-ST-ZIP	SURFSIDE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JERY MITRANI	
1.3 STREET ADDRESS	9124 COLLINS AVE #301 SURFSIDE FL	
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BETTY WADELL	
2.3 STREET ADDRESS	9124 COLLINS AVE #303	
2.4 CITY-ST-ZIP	SURFSIDE FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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: E. Zamora PRESIDENT 4.20.96 305-8685076
DATE DAYTIME PHONE #

CR2E037 (12/95)