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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

745618

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	CONDOMINIUM ASSOCIATION.	INC.
KIVERWUUU	CONDOMINION MOSCONATION	1110.

Principal Place of Business	Mailing Address		L (48111 1841 A) 40 A	Aft <b>ö</b> l 11883 lätt etast eratt	I AIREI AIAII AIA34 BIAII
19400 NE 25TH AVE NORTH MIAMI BEACH FL 33180	19400 NE 25TH AVE NORTH MIAMI BEACH F	FL 33180			
			3. Date Incorporated or Qu		e of Last Report
			01/17/1979	<u> </u>	02/02/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number		Applied F Not Appli
21]	Suite, Apt. #, etc.		59-1909767		\$8.75 Addition
Suite, Apt. #, etc.	27 Suite, Apr. *, etc.		5. Certificate of Status Desi	sired []	Fee Required
City & State	City & State		6. Election Campaign Finar	neina	\$5.00 May E
23	28		Trust Fund Contribution	- 11	Added to Fee:
Zip Country	Zip	Country	8. This corporation has liab		
25	29	30	Florida Statutes	X Yes □	
9. Name and Address of Currer	nt Registered Agent	81 Nar	10. Name and Address of	New Registered A	(gent
		Bi   Ivar	<u></u>		
STRALEY, STEPHEN J.		<b>82</b> Stre	ect Address (P.O. Box Number is Not A	.coeptable)	
3990 SHERIDAN ST., SUITE 109		83			
HOLLYWOOD FL 33021		<u> </u>			
		84 City	/	Fi	85 Zip Code
11. Pursuant to the provisions of Sections 617.0500 or registered agent, or both, in the State of Flori	2 and 617 1509 Florida Statut	s the above-name	d corporation submits this statement for	r the purpose of char	nging its registered
familiar with, and accept the obligations of, Sec	•				
SIGNATURE Signature, typed or ponted name of registered agent	nt and title if applicable (NC		ture required when reinstaling)	DATE	E-DEOTODO IN A
Signature, typed or printed name of registered agen	ND DIRECTORS	13.	ture required wher reinstaling) ADDITIONS/CHANGES	TO OFFICERS AND	
Signature, typed or protect name of registered agent  12.5F.F. ATTACHEO OFFICERS AN  TIFLE PD		13. 1.1 TITLE		TO OFFICERS AND	DIRECTORS IN 1  Change Ad
Signature, typed or protect name of registered agent  12. SEE ATTACHEO OFFICERS AN  TIFLE PD  NAME MARTYN, LYMAN	ND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME	ADDITIONS/CHANGES	TO OFFICERS AND	
Signature, typed or protect name of registered agent  12.5FF ATTACHEO OFFICERS AN  TIFLE PD  MARTYN, LYMAN  SIREEL ADDRESS 19216 N.E. 25TH AVE., #292	ND DIRECTORS  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRE	ADDITIONS/CHANGES	TO OFFICERS AND	
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TITLE  NAME  NAME  NAME  STREET ADDRESS  TITLE  NAME  NAME  NAME  STREET ADDRESS  CITY-ST-ZIP  NAME  DIAMOND, NANCY  STREET ADDRESS  STREET ADDRESS  SD  DIAMOND, NANCY  STREET ADDRESS  19428 N.E. 28 AVE. #102	DELETE  DELETE  DELETE  DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRE 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRE 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRE 3.3 STREET ADDRE	ADDITIONS/CHANGES  ESS  SD  MALCUM ROUDE	TO OFFICERS AND  [  [	□ Change □ Ad
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 932 4336

\* ATTACHED

TITLE D NAME DEA, CATHERINE STREET ADDRESS 19444 NE 26th AUE CITY-ST-ZIP N. MIAMI BEACH, FL 33180