

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90215 025 *****8.75

04-27-1999 90215 026 *****61.25

DOCUMENT # 751028

1. Corporation Name

THE CORVETTE CONDOMONIUM ASSOCIATION, INC.

Principal Place of Business

7430 BYRON AVENUE
APT 7-B
MIAMI BEACH FL 33141

Mailing Address

7430 BYRON AVENUE
APT 7-B
MIAMI BEACH FL 33141



2. Principal Place of Business

21 7440 BYRON AV.

Suite, Apt. #, etc.

22

City & State

23 MIAMI BEACH, FL

Zip

24 33141

Country

2a. Mailing Address

26 7440 BYRON AV.

Suite, Apt. #, etc.

27

City & State

28 MIAMI BEACH, FL

Zip

29 33141

Country

30

3. Date Incorporated or Qualified

02/13/1980

4. FEI Number

59-2179160

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

DE-LUIZ, ORLANDO
1615 WEST AVE.
APT 302
MIAMI BEACH FL 33139

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 ORLANDO DE-LUIZ

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

4-15-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
RABAH, CHRISTINE
STREET ADDRESS 7430 BYRON AVE., 10A
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE ☐ DELETE

NAME V
MATORCEVIC, NEVENKA
STREET ADDRESS 7430 BYRON AVE., 5-B
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE ☐ DELETE

NAME SD
DE-LUIZ, ORLANDO
STREET ADDRESS 7430 BYRON AVE., 7-A
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE ☐ DELETE

NAME T
ARBELAEZ, MATILDA
STREET ADDRESS 7440 BYRON AVE., 7-B
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE ☐ DELETE

NAME CD
SORIANO, GLORIA
STREET ADDRESS 7440 BYRON AVE., 9-B
CITY-ST-ZIP MIAMI BEACH FL 33141

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

CHRISTINE RABAH 4-15-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0030635