FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 751028

1. Corporation Name

THE CORVETTE CONDOMONIUM ASSOCIATION, INC.

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

04-27-1999 90215 025 *****8.75 04-27-1999 90215 026 ****61.25

Principal Placi	e of business	Mailing Address				,		•	
7430 BYRON A	NVENUE	7430 BYRON AVENUE							
APT 7-B		APT 7-8							
MIAMI BEACH FL 33141		MIAMI BEACH FL 33141			1 (841)1 144		,, 1811 BIRN GIA	1 \$1811 81811 914	110 #1-#11 1##1
2 Dringing D	long of Business	2a. Mailing Address			3. Date Incorno	prated or Qualifed		· ·	
2. Principal Place of Business						02/13/1980			
21 7440 BYRON A V. Suite, Apt. #, etc.		26 /440 B Y PON /4 U ,				4. FEI Number Applied For			
		27 .				59-2179160 SANOT Applicable			
City & State		City & State				\$8.75 Additional			
		28 MIAMI BEACH, FC			5. Certificate of	5. Certificate of Status Desired Fee Required			
23 MIAMI BEACK, FL		Zip Country			6 Flection Can	npaign Financing		\$5.00	May Re
24 33/4			0	•	Trust Fund (bebbA	
24)) , /	9. Name and Address of Current	Registered Agent	<u> </u>	 		Address of New F	Registered	Agent	
			8	11 Name					
DE LUIZ (ODI ANDO	82 Street Add		Idress (P.O. Box Number is Not Acceptable)					
DE-LUIZ, C		7	. 8	Street A	ddress (P.O. Box Num	Der is Not Accepta	able)	•	. 1
1615 WES	of AVE.		8	13					
APT 302	4011 FL 00400					<u> </u>			
MIAMI BE	ACH FL 33139		8	14 City			FI	85 Zip (Code
11 Durayant	to the provisions of Sections 617 0502	2 and 617 1508. Florida Statutes	the abo	ve-named c	cornoration submits this	statement for the	purpose of	changing its	registered
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State om familiar with, and accept the obligation	of Florida. Such change was aut	horized b	y the corpor	ration's board of directo	ors. I hereby accer	ot the appoir	itment as re	gistered
agent. I a			ia Statute	as. ////			41		
CICKIATURE									
SIGNATURE	Signature, based or printed name of registered apent	A and title if applicable. (NOTE: R	egistered 40	sent signature rec	quired when reinstating)		<u> </u>		
	Signature, typed or printed name of registered agent OFFICERS AND		egistered 4	ont signature rec	quired when reinstating) ADDITIONS/C	CHANGES TO OF			RS IN 12
12.	OFFICERS AND				quired when reinstating) ADDITIONS/C				RS IN 12
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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.

BREGARISTINE