

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90252 033 ****61.25

DOCUMENT # 751934					
1. Entity Name DELVISTA TOWERS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 20225 NE 34 CT AVENTURA, FL 33180			Mailing Address 20225 NE 34 CT AVENTURA, FL 33180		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2229662	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SIEGFRIED, RIVERA, LERNER, DE LA TORRE, SOBEL 201 ALHAMBRA CR STE 1102 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name AKAM ON-SITE, INC. Street Address (P.O. Box Number is Not Acceptable) 6421 CONGRESS AVE. SUITE 110 City BOCA RATON FL 33487		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Hyman D. Zeln</i></u> LCAM PROPERTY MANAGER 4/23/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE D NAME ZERBIB, MONICA STREET ADDRESS 20355 NE 34TH COURT #1027 CITY-ST-ZIP AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME VARDI, ALEXANDER STREET ADDRESS 20355 NE 34TH CT. # 1921 CITY-ST-ZIP AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete		TITLE VP NAME MARK BRAUN STREET ADDRESS 20355 NE 34 CT #1628 CITY-ST-ZIP AVENTURA, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME HERTOG, MADELINE STREET ADDRESS 20355 NE 34TH CT. #2426 CITY-ST-ZIP AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete		TITLE DIRECTOR NAME DAVID KEEN STREET ADDRESS 20225 NE 34 CT. #2023 CITY-ST-ZIP AVENTURA, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME LEBOVITZ, MARVIN STREET ADDRESS 20255 NE 34TH CT. # 1518 CITY-ST-ZIP AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE DIRECTOR NAME EDWARD COHEN STREET ADDRESS 20355 NE 34 CT. # 1823 CITY-ST-ZIP AVENTURA, FL 33180	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME MONCARSZ, JACK STREET ADDRESS 20355 NE 34TH COURT #429 CITY-ST-ZIP AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME FLEISCHMANN, AMY STREET ADDRESS 20225 NE 34TH CT. # 1713 CITY-ST-ZIP AVENTURA, FL 33180	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: <u><i>Amy Fleischmann</i></u> AMY FLEISCHMANN 4/29/08 305 682-7922 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					