

FILE NOW: FILING FEE IS \$61.25

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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **752202** (2)

1. Corporation Name

TRES VIDAS CONDOMINIUM ONE, INC.

Principal Place of Business

Mailing Address

6850 NW 2ND AVE.
BOX 37
BOCA RATON FL 33487

6850 NW 2ND AVE.
BOX 37
BOCA RATON FL 33487-2322



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/25/1980		3a. Date of Last Report 05/10/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2122676		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PODINA, DORIS
6950 N.W. 2ND AVE. #21
BOCA RATON FL 33487

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☒ DELETE		1.1 TITLE	PD	☐ Change ☒ Addition	
NAME	KRULL, JACK			1.2 NAME	Marcus Kostolich		
STREET ADDRESS	6850 N.W. 2ND AVE. #18			1.3 STREET ADDRESS	6850 N.W. 2nd Ave. #23		
CITY-ST-ZIP	BACA RATON, FL 00000			1.4 CITY-ST-ZIP	Boca Raton, Fl. 33487	☒ Change ☐ Addition	
TITLE	PD	☐ DELETE		2.1 TITLE	D Moore, Joseph	☒ Change ☐ Addition	
NAME	MOORE, JOSEPH			2.2 NAME	6850 N.W. 2nd Ave. #6		
STREET ADDRESS	6850 NW 2ND AVE#6			2.3 STREET ADDRESS	Boca Raton, Fl. 33487		
CITY-ST-ZIP	BOCA RATON FL			2.4 CITY-ST-ZIP			
TITLE	STD	☐ DELETE		3.1 TITLE	TD	☒ Change ☐ Addition	
NAME	PODINA, DORIS			3.2 NAME	Podina, Doris		
STREET ADDRESS	6850 N.W. 2ND AVE. #21			3.3 STREET ADDRESS	6850 N.W. 2nd Ave. #21		
CITY-ST-ZIP	BOCA RATON FL			3.4 CITY-ST-ZIP	Boca Raton, Fl. 33487	☐ Change ☒ Addition	
TITLE	VD	☒ DELETE		4.1 TITLE	VD	☐ Change ☒ Addition	
NAME	MALSKY, KENNETH			4.2 NAME	Rogers, Mark		
STREET ADDRESS	6850 NW 2ND AVE #30			4.3 STREET ADDRESS	6850 N.W. 2nd Ave. #20		
CITY-ST-ZIP	BOCA RATON FL			4.4 CITY-ST-ZIP	Boca Raton, Fl. 33487	☐ Change ☒ Addition	
TITLE	D	☒ DELETE		5.1 TITLE	D	☐ Change ☒ Addition	
NAME	JEANSONNE, JERRY			5.2 NAME	Mc Cormick, Robert		
STREET ADDRESS	6850 N.W. 2ND AVE. #7			5.3 STREET ADDRESS	6850 NW.2nd Ave. #1		
CITY-ST-ZIP	BOCA RATON FL			5.4 CITY-ST-ZIP	Boca Raton, Fl. 33487	☐ Change ☐ Addition	
TITLE	D	☒ DELETE		6.1 TITLE			
NAME	MILLMAN, DAVID			6.2 NAME			
STREET ADDRESS	6850 NW 2ND AVENUE #2			6.3 STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33487			6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE:

Doris Podina, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/97 561-997-7987
Date Daytime Phone # 0039600

CR2E037 (9/96)