

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **755993** (3)

1. Corporation Name

7 EAST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**535 NE 7 AVENUE
FT. LAUDERDALE FL 33301**

**535 NE 7 AVENUE
FT. LAUDERDALE FL 33301**

2. Principal Place of Business

2a. Mailing Address

21 *same*

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
01/21/1981

3a. Date of Last Report
02/08/1995

4. FEI Number
59-2478232

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

**TIGHE, TOM
800 E BROWARD BLVD
STE 505
FT LAUDERDALE FL 33301**

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

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

TITLE

**PD
SENKO, RICK
575 NE 7TH AVE
FT LAUDERDALE, FL 00000**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**D
ALEXANDER, STUART
543 NE 7TH AVE
FT. LAUDERDALE FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**TD
HANCOCK, ROB
559 NE 7TH AVE
FT. LAUDERDALE FL**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**SD
POSEY, DALE
559 NE 7TH AVE
FT LAUDERDALE FL**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**D
KING, DOUGLAS
571 NE 7TH AVE
FT LAUDERDALE FL**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

**D
KING, HANZ
575 NE 7TH AVE
FT LAUDERDALE FL**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Richard D. Senko Pres. 1-25-96 467-3501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)