

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$156 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
 95 AUG -8 PM 2:40

DOCUMENT # 759055 (7)

1. Corporation Name
1200 CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
1200 NO ATLANTIC BLVD FT LAUDERDALE FL 33304 **1200 NO ATLANTIC BLVD FT LAUDERDALE FL 33304**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/08/1981	3a. Date of Last Report 03/22/1994
4. FEI Number 59-2108387	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for Intangible tax under s. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent
ELHATTON, CLAIRE M.
1200 N ATLANTIC BLVD 11
FT LAUDERDALE FL 33304-8723

10. Name and Address of New Registered Agent
 81 Name **HELGA MARINO**
 82 Street Address (P.O. Box Number is Not Acceptable)
1200 N. ATLANTIC BLVD. -#11
 83
 84 City **FT. LAUDERDALE** **FL** 85 Zip Code **33304**

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 *Helga Marino* **Helga Marino-Treasurer** **7/28/95**
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHEELE, PAUL D.
STREET ADDRESS	1200 N. ATLANTIC BLVD #6
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	VD
NAME	DALLMAN, HELEN
STREET ADDRESS	1200 N ATLANTIC BLVD VILLA #8
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	SD
NAME	SCOTTEN, ROBERT F
STREET ADDRESS	10905 NO 173RD CT
CITY-ST-ZIP	JUPITER FL
TITLE	TD
NAME	MARINO, HELGA A
STREET ADDRESS	39 CRESSIDA DR
CITY-ST-ZIP	OLD BRIDGE NJ
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FOLDENAUER, JOHN
2.3 STREET ADDRESS	348 PAVONIA AVENUE
2.4 CITY-ST-ZIP	JERSEY CITY, NEW JERSEY 07037
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TARAZONA, MANUEL
3.3 STREET ADDRESS	1200 N. ATLANTIC BLVD. -#505
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARINO, HELGA A.
4.3 STREET ADDRESS	1200 N. ATLANTIC BLVD. -#205
4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(4), Florida Statutes. I further certify that the information included in 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 checked, on an attachment with an address.

SIGNATURE: *Helga Marino* **Helga Marino-Treasurer** **7/28/95 (305) 564-3651**
(NOTE: Registered Agent signature required when reinstating) DATE (Type Name)

CR2E037 (3/95)