

**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 # 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

3. Date Incorporated or Qualified  
**07/08/1981**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

**59-2108387**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARINO, HELGA  
1200 N ATLANTIC BLVD. #11  
FT LAUDERDALE FL 33304**

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 617.0508, Florida Statutes.

SIGNATURE

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

**Helga Marino-Treasurer**

**2/23/96**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHEELE, PAUL D.	
STREET ADDRESS	1200 N. ATLANTIC BLVD #6	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FOLDENAUER, JOHN	
STREET ADDRESS	348 PAVONIA AVENUE	
CITY-ST-ZIP	JERSEY CITY NJ	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TARAZANO, MANUEL	
STREET ADDRESS	1200 N ATLANTI BLVD. #505	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MARINO, HELGA A.	
STREET ADDRESS	1200 N ATLANTIC BLVD #205	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FOLDENAUER, JOHN A.	
1.3 STREET ADDRESS	1200 N. ATLANTIC BLVD. -#501	
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GILROY, BERNARD J.	
2.3 STREET ADDRESS	1200 N. ATLANTIC BLVD. - #V3	
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MATHIS, DONALD	
3.3 STREET ADDRESS	1200 N. ATLANTIC BLVD. -#703	
3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	BOARD MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PORRAS, ROBERT	
5.3 STREET ADDRESS	1200 N. ATLANTIC BLVD. -#V4	
5.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
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)(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:

*Helga Marino*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Helga Marino**

**2/23/96-(954)564-3651**

Date

Daytime Phone #

CR2E037 (12/95)