


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 25 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 759055 (7)

1. Corporation Name
1200 CLUB CONDOMINIUM ASSOCIATION, INC.



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| Principal Place of Business 1200 NO ATLANTIC BLVD FT LAUDERDALE FL 33304 | Mailing Address 1200 NO ATLANTIC BLVD FT LAUDERDALE FL 33304 |
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|---|--|
| 3. Date Incorporated or Qualified 07/08/1981 | |
| 4. FEI Number 59-2108387 | Applied For <input 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

9. Name and Address of Current Registered Agent

MATHIS, DONALD
1200 N ATLANTIC BLVD.
FT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name
Donna Friedlander

82 Street Address (P.O. Box Number is Not Acceptable)
1200 N. ATLANTIC BLVD. #10

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 *Donna Friedlander* (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE VD | <input type="checkbox"/> DELETE |
| NAME KUSTER, RICHARD | |
| STREET ADDRESS 1200 N ATLANTIC BLVD, #601 | |
| CITY-ST-ZIP FORT LAUDERDALE FL | |
| TITLE TD | <input type="checkbox"/> DELETE |
| NAME HANFORD, SHARON | |
| STREET ADDRESS 1200 N ATLANTIC BLVD. #303 | |
| CITY-ST-ZIP FORT LAUDERDALE FL | |
| TITLE PD | <input checked="" type="checkbox"/> DELETE |
| NAME MATHIS, DONALD | |
| STREET ADDRESS 1200 N ATLANTIC BLVD #703 | |
| CITY-ST-ZIP FORT LAUDERDALE FL | |
| TITLE BM | <input type="checkbox"/> DELETE |
| NAME DAVID, STEPHEN | |
| STREET ADDRESS 1200 N ATLANTIC BLVD, #105 | |
| CITY-ST-ZIP FT LAUDERDALE FL | |
| TITLE BM | <input checked="" type="checkbox"/> DELETE |
| NAME MICCI, H.J. | |
| STREET ADDRESS 1200 N ATLANTIC BLVD., #605 | |
| CITY-ST-ZIP FORT LAUDERDALE FL | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | JOANN De More |
| 1.3 STREET ADDRESS | 1200 N. ATLANTIC BLVD. #4 |
| 1.4 CITY-ST-ZIP | Ft. Lauderdale FL 33304 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | DONNA FRIEDLANDER |
| 3.3 STREET ADDRESS | 1200 N ATLANTIC BLVD V10 |
| 3.4 CITY-ST-ZIP | FT. LAUDERDALE FL. 33304 |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | VD |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | ANT CRAWFORD |
| 5.3 STREET ADDRESS | 1200 N ATLANTIC |
| 5.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33304 |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | MANFROD ALDACH |
| 6.3 STREET ADDRESS | 1200 N ATLANTIC BLVD. |
| 6.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33304 |

14. I 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 *Donna Friedlander* 4/20/98

CR2E037 (10/97)