

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 # **759058** (1)
1. Corporation Name
SUBURBANITE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **3701 TYLER STREET HOLLYWOOD FL 33021**
Mailing Address: **3701 TYLER STREET HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified: **07/09/1981**
3a. Date of Last Report: **02/13/1995**
4. FEI Number: **59-1011036**
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

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

9. Name and Address of Current Registered Agent
**NACHMAN, IRVIN W.
4441 STIRLING ROAD
FT. LAUDERDALE FL 33314**

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	LITTLE, IRENE	
STREET ADDRESS	3701 TYLER ST	
CITY - ST - ZIP	HOLLYWOOD, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LEPINE, J. ADOLPHE	
STREET ADDRESS	3701 TYLER	
CITY - ST - ZIP	HOLLYWOOD, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TASSE, MAURICE	
STREET ADDRESS	3701 TYLER STREET	
CITY - ST - ZIP	HOLLYWOOD FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEMME, CEIL	
STREET ADDRESS	3701 TYLER ST	
CITY - ST - ZIP	HOLLYWOOD, FL 0	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BIONDO, RUTH	
STREET ADDRESS	3701 TYLER ST	
CITY - ST - ZIP	HOLLYWOOD, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOODMAN, JON	
STREET ADDRESS	3701 TYLER ST.	
CITY - ST - ZIP	HOLLYWOOD FL	

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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VD Catherine Marin
2.3 STREET ADDRESS	3701 Tyler St.
2.4 CITY - ST - ZIP	Hollywood, FL 33021
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D William Flinn
6.3 STREET ADDRESS	3701 Tyler St.
6.4 CITY - ST - ZIP	Hollywood, FL 33021

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: Irene E. Little, Secretary 9/15/96 954-983-4898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)