

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 760547 (0)
1. Corporation Name
SEQUOIA GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 510 S.E. 2ND AVENUE DEERFIELD BEACH FL 33441
Mailing Address: 510 S.E. 2ND AVENUE DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified: 10/21/1981
3a. Date of Last Report: 02/01/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		592169571		Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
24. Zip		25. Country		29. Zip		30. Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

LIVOTI, ANTHONY M, JR, ESQ
606 E BROWARD BLVD #200
FT LAUDERDALE FL 33301

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 488881829114
-05/20/96--01040--034
84 City: ***61.25 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 registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP P/O	11 TITLE	President
NAME	HARRIS, WILLIAM	12 NAME	William Harris
STREET ADDRESS	550 SE 2ND AVE #G21	13 STREET ADDRESS	600 S.E. 2nd Ave Apt K-2
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	14 CITY-ST-ZIP	Deerfield Bch, Fl, 33441
TITLE	VP	21 TITLE	
NAME	HERPS, ANN	22 NAME	
STREET ADDRESS	580 SE 2ND AVE H-8	23 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	24 CITY-ST-ZIP	
TITLE	TD "D"	31 TITLE	Director
NAME	KAPLAN, ARLENE	32 NAME	
STREET ADDRESS	540 SE 2ND AVE #J21	33 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH, FL 00000	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	
NAME	KINDER, EVELYN	42 NAME	
STREET ADDRESS	530 S.W. 2 AVE F-2	43 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	Director
NAME	VOSS, MID	52 NAME	Toni Penland "D"
STREET ADDRESS	600 S.E. 2 AVE K-1	53 STREET ADDRESS	540 S.E. 2 Ave J-7
CITY-ST-ZIP	DEERFIELD BEACH FL	54 CITY-ST-ZIP	Deerfield Beach, Fl. 33441
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: Arlene Kaplan Treas. Date: 4/18/96 Daytime Phone #: 954-360-8127

CR2E037 (12/95)