# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:29

**DOCUMENT # 761539 (6)**

1. Corporation Name

**APTH CONDOMINIUM ASSOCIATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P.O. BOX 189013<br>PLANTATION FL 33318 | P.O. BOX 189013<br>PLANTATION FL 33318 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/20/1982
3a. Date of Last Report: 09/27/1994
4. FEI Number: 59-2163136 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

**9. Name and Address of Current Registered Agent**

SUMMIT PROPERTY MGMT.
6289 W. SUNRISE BLVD.
SUITE 202
SUNRISE FL 33313

**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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | ~~P~~ | 1 1 TITLE | P/D | ☑ Change ☐ Addition |
| NAME | ~~G DMOSAIK, JOHN~~ | 1 2 NAME | Heshy Wilensky | |
| STREET ADDRESS | ~~3411 GRAMERY CT.~~ | 1 3 STREET ADDRESS | 3065 Harley Ct | |
| CITY ST ZIP | ~~N. MIAMI BEACH FL 33160~~ | 1 4 CITY ST ZIP | N. Miami Beach, FL | |
| TITLE | ~~V/D~~ | 2 1 TITLE | V/D | ☑ Change ☐ Addition |
| NAME | ~~HALPERIN, RON~~ | 2 2 NAME | Barry Potter | |
| STREET ADDRESS | ~~3077 STANHOPE CT.~~ | 2 3 STREET ADDRESS | 3084 Stanhope Ct. | |
| CITY ST ZIP | ~~N. MIAMI BEACH FL 33160~~ | 2 4 CITY ST ZIP | N. Miami Beach, FL | |
| TITLE | ~~T/DS~~ | 3 1 TITLE | S/D | ☑ Change ☐ Addition |
| NAME | MONTELEGRE, SERGIO | 3 2 NAME | | |
| STREET ADDRESS | 3009 BARCLAY CT. | 3 3 STREET ADDRESS | | |
| CITY ST ZIP | N. MIAMI BEACH FL 33160 | 3 4 CITY ST ZIP | | |
| TITLE | ~~G~~ | 4 1 TITLE | T/D | ☑ Change ☐ Addition |
| NAME | ~~BALCOM, RIVES~~ | 4 2 NAME | Elizabeth Lane | |
| STREET ADDRESS | ~~3049 REGENT COURT N.E. 183 LN.~~ | 4 3 STREET ADDRESS | 3063 Harley Ct | |
| CITY ST ZIP | ~~N. MIAMI BEACH FL~~ | 4 4 CITY ST ZIP | N. Miami Beach, FL | |
| TITLE | ~~T~~ | 5 1 TITLE | | ☐ Change ☐ Addition |
| NAME | ~~STABINSKI, DAREN~~ | 5 2 NAME | | |
| STREET ADDRESS | ~~3025 GRAMMERCY COURT N.E. 183 LN.~~ | 5 3 STREET ADDRESS | | |
| CITY ST ZIP | ~~N. MIAMI BEACH FL~~ | 5 4 CITY ST ZIP | | |
| TITLE | | 6 1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6 2 NAME | | |
| STREET ADDRESS | | 6 3 STREET ADDRESS | REMITTED BY MAY 1 | |
| CITY ST ZIP | | 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: X Heshy Wilensky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010226