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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # 761539

1. Corporation Name
APTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
SUNRAE MANAGEMENT SERVICES, INC. 4000 N. STATE RD. 7• STE. 408A LAUDERDALE LAKES, FL 33319	SUNRAE MANAGEMENT SERVICES, INC. 4000 N. STATE RD. 7• STE. 408A LAUDERDALE LAKES, FL 33319

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

3. Date Incorporated or Qualified: 01/20/1982
3a. Date of Last Report: 05/06/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SUNRAE MANAGEMENT SERVICES, INC.
4000 N. STATE RD. 7• STE. 408A
LAUDERDALE LAKES, FL 33319

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 X [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D ☐ DELETE	1.1 TITLE	P/D ☒ Change ☐ Addition
NAME	WILENSKY, HESHY	1.2 NAME	WILENSKY, HESHY
STREET ADDRESS	3065 HARLEY CT	1.3 STREET ADDRESS	3065 NE 183rd LANE
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160	1.4 CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	D ☐ DELETE	2.1 TITLE	D ☒ Change ☐ Addition
NAME	WILENSKY, CAROL	2.2 NAME	WILENSKY, CAROL
STREET ADDRESS	3065 HARLEY CT	2.3 STREET ADDRESS	3065 NE 183rd LANE
CITY-ST-ZIP	N. Miami Beach, FL 33160	2.4 CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	D ☐ DELETE	3.1 TITLE	D ☒ Change ☐ Addition
NAME	KAPNER, ARLEEN	3.2 NAME	KAPNER, ARLEEN
STREET ADDRESS	3079 STANHOPE COURT	3.3 STREET ADDRESS	3079 NE 183rd LANE
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160	3.4 CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	D ☐ DELETE	4.1 TITLE	D ☒ Change ☐ Addition
NAME	SCHRIER, ROBERT	4.2 NAME	SCHRIER, ROBERT
STREET ADDRESS	3015 NE 183rd LANE	4.3 STREET ADDRESS	3015 NE 183rd LANE
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160	4.4 CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	D ☐ DELETE	5.1 TITLE	D ☒ Change ☐ Addition
NAME	HALPERIN, SHARYN	5.2 NAME	HALPERIN, SHARYN
STREET ADDRESS	3077 STANHOPE CT	5.3 STREET ADDRESS	3077 NE 183rd LANE
CITY-ST-ZIP	N. MIAMI BEACH, FL 33160	5.4 CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	100002148671
STREET ADDRESS		6.3 STREET ADDRESS	-04/21/97--01035--027
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

RW 4-17-97

CR2E037 (9/96)

14. I do 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: X [signature] 4/9/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #