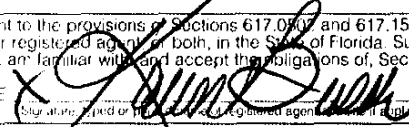
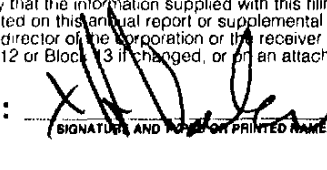


FILE NOW: FILING FEE IS \$61.25

FILED
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 SUNRAE MANAGEMENT SERVICES, INC. 4000 N. STATE RD. 7th STE. 408A LAUDERDALE LAKES, FL 33319		Mailing Address SUNRAE MANAGEMENT SERVICES, INC. 4000 N. STATE RD. 7th STE. 408A LAUDERDALE LAKES, FL 33319	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	01/20/1982	05/06/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	59-2163136	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	☐	\$5.00 May Be Added to Fees
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	☐
24	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	☐ Yes ☐ No
Country	Country		
25	30		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SUNRAE MANAGEMENT SERVICES, INC. 4000 N. STATE RD. 7th STE. 408A LAUDERDALE LAKES, FL 33319		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
		FL	
11. Pursuant to the provisions of Sections 617.0407 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		DATE	
			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	WILENSKY, HESHY	P/D	WILENSKY, HESHY
STREET ADDRESS	306 SHARLEY 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	NAME	2.1 TITLE	2.2 NAME
	WILENSKY, CAROL		WILENSKY, CAROL
STREET ADDRESS	306 SHARLEY 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	NAME	3.1 TITLE	3.2 NAME
	KAPNER, ARLEEN		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	NAME	4.1 TITLE	4.2 NAME
	SCHRIER, ROBERT		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	NAME	5.1 TITLE	5.2 NAME
	HALPERIN, SHARYN		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	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	100002148671
CITY- ST- ZIP		6.4 CITY- ST- ZIP	-04/21/97--01035--027
			***61.25
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:		Date	
		4/9/97	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E037 (9/96)

RW
4-17-97