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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 761539

1. Corporation Name

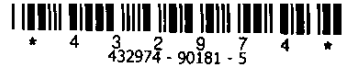
APTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

%SUNRAE MANAGEMENT SERVICES
4000 N. STATE ROAD 7, STE 408A
LAUDERDALE LAKES FL 33319

Mailing Address

%SUNRAE MANAGEMENT SERVICES
4000 N. STATE ROAD 7, STE 408A
LAUDERDALE LAKES FL 33319



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/20/1982

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

9. Name and Address of Current Registered Agent

SUNRAE MANAGEMENT SERVICES INC
4000 NORTH STATE ROAD 7
SUITE 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TP ☒ DELETE
NAME KOWAL, DEBRA
STREET ADDRESS 3071 NE 183RD LANE
CITY-ST-ZIP AVENTURA FL 33160

TITLE TS SD ☐ DELETE
NAME WILENSKY, CAROL
STREET ADDRESS 3065 NE 183RD LANE
CITY-ST-ZIP AVENTURA FL 33160

TITLE TVP ☒ DELETE
NAME AVITABLE, MICHAEL
STREET ADDRESS 3015 N E 183 LANE
CITY-ST-ZIP AVENTURA FL 33160

TITLE FTD ☐ DELETE
NAME WILLENBORG, FRANK *Willenborg*
STREET ADDRESS 3037 NE 183 LANE
CITY-ST-ZIP AVENTURA FL 33160

TITLE D ☒ DELETE
NAME GROMOSIAK, JOHN
STREET ADDRESS 3041 NE 183RD LANE
CITY-ST-ZIP AVENTURA FL 33160

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VPD ☐ Change ☒ Addition
1.2 NAME Kapner, Arlene
1.3 STREET ADDRESS 3079 NE 183rd LANE
1.4 CITY-ST-ZIP AVENTURA FL 33160

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VPD ☐ Change ☒ Addition
3.2 NAME AVITABLE, MICHAEL
3.3 STREET ADDRESS 3015 NE 183 LANE
3.4 CITY-ST-ZIP AVENTURA, FL 33160

4.1 TITLE Willenborg ☐ Change ☒ Addition
4.2 NAME Frank T. Willenborg
4.3 STREET ADDRESS 3037 N.E. 183 Lane
4.4 CITY-ST-ZIP Aventura, FL 33160

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Michael Avitable
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-99

CR2E037 (1/98)