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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.

* 4 3 2 9 7 4 *
432974 - 90181 - 5

Principal Place of Business	Mailing Address
%SUNRAE MANAGEMENT SERVICES 4000 N. STATE ROAD 7. STE 408A LAUDERDALE LAKES FL 33319	%SUNRAE MANAGEMENT SERVICES 4000 N. STATE ROAD 7. STE 408A LAUDERDALE LAKES FL 33319

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/20/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2163136 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TP	☑ DELETE	1.1 TITLE	VPD	☐ Change ☑ Addition
NAME	KOWAL, DEBRA		1.2 NAME	Kapner, Arlene	
STREET ADDRESS	3071 NE 183RD LANE		1.3 STREET ADDRESS	3078 NE 183rd LANE	
CITY-ST-ZIP	AVENTURA FL 33160		1.4 CITY-ST-ZIP	Aventura FL 33160	
TITLE	IS SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WILENSKY, CAROL		2.2 NAME		
STREET ADDRESS	3065 NE 183RD LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33160		2.4 CITY-ST-ZIP		
TITLE	TVP	☑ DELETE	3.1 TITLE	PD	☐ Change ☑ Addition
NAME	AVITABLE, MICHAEL		3.2 NAME	AVITABLE, Michael	
STREET ADDRESS	3015 N E 183 LANE		3.3 STREET ADDRESS	3015 NE 183 LANE	
CITY-ST-ZIP	AVENTURA FL 33160		3.4 CITY-ST-ZIP	AVENTURA, FL 33160	
TITLE	PTD	☐ DELETE	4.1 TITLE	Will	☐ Change ☑ Addition
NAME	WILLENBORH, FRANK Willenborg		4.2 NAME	Frank T. Willenborg	
STREET ADDRESS	3037 NE 183 LANE		4.3 STREET ADDRESS	3037 N.E. 183 Lane	
CITY-ST-ZIP	AVENTURA FL 33160		4.4 CITY-ST-ZIP	Aventura, FL 33160	
TITLE	D	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GROMOSIAK, JOHN		5.2 NAME		
STREET ADDRESS	3041 NE 183RD LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33160		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 4-19-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)