# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 04, 2004 8:00 am**
**Secretary of State**
08-04-2004 90017 011 ****61.25

DOCUMENT # 761539

1. Entity Name
APTH CONDOMINIUM ASSOCIATION, INC.

24078190

| Principal Place of Business | Mailing Address |
|---|---|
| % ASSOCIATION MANG. GROUP<br>500 WEST CYPRESS CREEK RD., #230<br>FORT LAUDERDALE, FL 33309 | % ASSOCIATION MANG. GROUP<br>500 WEST CYPRESS CREEK RD., #230<br>FORT LAUDERDALE, FL 33309 |

06302004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 3001-3089 NE 183 LANE | % ASSOCIATION MGT |
| Suite, Apt. #, etc. | Suite, Apt. #, etc.<br>PO BOX 630280 |
| City & State<br>AVENTURA | City & State<br>MIAMI FL |
| Zip / Country<br>33160 / USA | Zip / Country<br>33163 / USA |

4. FEI Number
59-2163136
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| KREMEN, MARSHALL<br>% ASSOCIATION MANG. GROUP<br>~~500 WEST CYPRESS CREEK RD., #230~~<br>~~FORT LAUDERDALE, FL 33309~~ | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>160 NW 176 STREET # 406-3<br>City MIAMI FL 33169 **FL** Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is $61.25**
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>HALPERIN, RONNY<br>3077 NE 183 LANE<br>AVENTURA, FL 33160 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>SCHWARZ-KAPNER, ARLENE<br>3079 NE 183 LANE<br>AVENTURA, FL 33160 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | NICK KAMPEAS PD<br>3069 NE 183 LANE<br>AVENTURA FL 33160 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>WALLACE, SANDY<br>3011 NE 183 LANE<br>AVENTURA, FL 33160 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>JAMES KATZ<br>3019 NE 183 LANE<br>AVENTURA FL 33160 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HOLLAR-GROMOSAIK, DEBRA<br>3041 NE 183 LANE<br>AVENTURA, FL 33160 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KAPLAN, RON<br>3017 NE 183 LANE<br>AVENTURA, FL 33160 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HESHY WILLOWSKY<br>3065 NE 183 LANE<br>AVENTURA FL 33160 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HAUBER, WILLIAM<br>3011 NE 183 LANE<br>AVENTURA, FL 33160 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>CHERYL GOODE VAN EIFF<br>3089 NE 183 LANE<br>AVENTURA FL 33160 | ☐ Change ☑ Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Nick Kampeas 7/30/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #