FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -6 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763261 (5)

1. Corporation Name

CAUSEWAY TOWNHOUSE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
CAUSEWAY TOWNHOUSE CONDO. WINSTON BLDG 11975 W DIXIE HWY N MIAMI FL 33161-6144	CAUSEWAY TOWNHOUSE CONDO. WINSTON BLDG 11975 W DIXIE HWY N MIAMI FL 33161-6144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/13/1982
3a. Date of Last Report: 03/04/1994
4. FEI Number: 65-0142387 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

WINSTON, SYLVIA
18081 BISCAYNE BLVD.
N MIAMI BCH. FL 33160

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 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE	VD	☑ Change ☐ Addition
NAME	HUTCHINGS, CAROLE S.	1.2 NAME	HUTCHINGS, CAROLE S.	
STREET ADDRESS	1990 N.E. 118TH ROAD	1.3 STREET ADDRESS	1941 WOLFSNORE RD.	
CITY-ST-ZIP	NO. MIAMI FL	1.4 CITY-ST-ZIP	VIRGINIA BCH., VIRGINIA 23454	
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	MALNICK, JUDITH	2.2 NAME		
STREET ADDRESS	2464 FLORIN CT.	2.3 STREET ADDRESS		
CITY-ST-ZIP	BELLMORE, L.I., NY	2.4 CITY-ST-ZIP		
TITLE	PTD	3.1 TITLE	PTD	☑ Change ☐ Addition
NAME	WINSTON, SYLVIA	3.2 NAME	WINSTON, SYLVIA	
STREET ADDRESS	18081 BISCAYNE BLVD.	3.3 STREET ADDRESS	18081 BISCAYNE BLVD.	
CITY-ST-ZIP	NO. MIAMI BEACH FL	3.4 CITY-ST-ZIP	NO. MIAMI BEACH FL.	
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	WINSTON, LESLEY	4.2 NAME		
STREET ADDRESS	13095 BISCAYNE ISLD TERR	4.3 STREET ADDRESS		
CITY-ST-ZIP	NO. MIAMI FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Sylvia Winston PD 2/12/95 (305) 931-4210
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
SYLVIA WINSTON