

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 769746 (9)**

1. Corporation Name

**PARK CENTRAL OWNERS ASSOCIATION, INC.**



Principal Place of Business

**3115 N.E. 163RD STREET  
NORTH MIAMI BEACH FL 33160**

Mailing Address

**3115 N.E. 163RD STREET  
NORTH MIAMI BEACH FL 33160**

3. Date Incorporated or Qualified  
**08/01/1983**

3a. Date of Last Report  
**07/17/1995**

2. Principal Place of Business

**21 2100 Park Central Blvd. N.**

Suite, Apt. #, etc.

**22 900**

City & State

**23 Pompano Beach, FL**

Zip

**24 33064**

Country

**25 USA**

2a. Mailing Address

**26 2100 Park Central Blvd.N.**

Suite, Apt. #, etc.

**27 900**

City & State

**28 Pompano Beach, FL**

Zip

**29 33064**

Country

**30 USA**

4. FEI Number

**59-2378666**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**PREMIER ASSET MANAGEMENT, INC.  
3115 N.E. 163RD STREET  
NORTH MIAMI BEACH FL 33160**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**2100 Park Central Blvd. North**

83 Suite 900

84 City

**Pompano Beach**

**FL**

85 Zip Code

**33064**

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.

**Jack Azout, President**

**04/29/96**

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **SREDNI, ERWIN**  
STREET ADDRESS **3049 N.E. 163RD STREET**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

TITLE **D** ☐ DELETE

NAME **SREDNI, ISAAC**  
STREET ADDRESS **3049 N.E. 163RD STREET**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

TITLE **D** ☐ DELETE

NAME **AZOUT, JACK**  
STREET ADDRESS **3079 N.E. 163RD STREET**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

TITLE **PD** ☐ DELETE

NAME **MITCHELL, EDWARD P**  
STREET ADDRESS **1100 PARK CENTRAL BLVD., SUITE 2500**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

TITLE **VP** ☒ DELETE

NAME **O'REILLY, SHARON A**  
STREET ADDRESS **3115 N.E. 163RD STREET**  
CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

TITLE **ST** ☐ DELETE

NAME **BOGGIANO, MICHAEL**  
STREET ADDRESS **1100 PARK CENTRAL BLVD., S., SUITE 2500**  
CITY-ST-ZIP **POMPANO BEACH FL 33064**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**Pompano Beach, FL 33064**

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 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jack Azout, Director**

**04/29/96**

Date

**(954)971-3339**

Daytime Phone #

CR2E037 (12/95)