


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **814298** (6)

1. Corporation Name

TAROMINA APTS. INC.



Principal Place of Business 1936 S OCEAN DRIVE HALLANDALE FL 33009	Mailing Address 1936 S OCEAN DRIVE HALLANDALE FL 33009
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3. Date Incorporated or Qualified

03/19/1960

4. FEI Number

59-0933047

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

N/A

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GINO V ZAMBELLI
1936 S OCEAN DRIVE
APT 5A
HALLANDALE FL 33009**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOSS, MICHAEL	
STREET ADDRESS	1936 S. OCEAN DRIVE 11-D	
CITY-ST-ZIP	HALLANDALE FL 33009	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	VARVARO, JOHN	
STREET ADDRESS	1936 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	CHIRICO, MARCO	
STREET ADDRESS	1936 SO. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MONTEFORTE, ROBERT	
STREET ADDRESS	1936 S. OCEAN DRIVE	
CITY-ST-ZIP	HALLANDALE FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CALABRO, CARMELA	
STREET ADDRESS	1936 S. OCEAN DRIVE 18A	
CITY-ST-ZIP	HALLANDALE FL 33009	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**T.D
ZAMBELLI, GINO
1936 S. OCEAN DRIVE 5A
HALLANDALE, FL 33009**

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.

SIGNATURE:

GINO V. ZAMBELLI **GINO V. ZAMBELLI** 1/24/98 954-454-7992

CR2E037 (10/97)