FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04579

(1)

LAUDERDALE CITY CENTER TOWNHOMES 1 CONDOMINIUM, INC.

INC.							
Principal Place	e of Business	Mailing Address			L SEDELION OUR DOSAL ONDO BILLIN 10040 C	BIL BIBIL BIBIL BIBIL BIBIL BI	Ele Bibli (BB)
101 N.E. 8TH A' FT. LAUDERDAL		101 N.E. 8TH AVE. FT. LAUDERDALE FL 3330	1-1653				
					3. Date Incorporated or Qualified 08/07/1984	3a. Date of Last R 01/31/19	
2. Principal Pl	ace of Business	2a. Mailing Address	······		4. FEI Number	Ar	plied For
21		26			59-2442132		t Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.	. <u> </u>		5. Certificate of Status Desired	S8.75 /	*
City & State	3	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip	Country Zip Cou		Countr	У	8. This corporation has liability for intangible tax ender s. 199.032,		
24	25 29 30		30		Florida Statutes		
	9. Name and Address of Curre	ent Registered Agent		,	10. Name and Address of New Re	gistered Agent	.,
			81	Name			
SEILER, JOHN P 2900 E. OAKLAND PARK BLVD.			82	82 Street Address (P.O. Box Number is Not Acceptable)			
SUITE 20	00		83				
FT. LAUI	DERDALE FL 33306		84	City		85 Zip	Code
	017.05	500 - 1017 4500 Fr. 11. O. 1		<u> </u>		<u>FL</u>	
office or re	egistered agent, or both, in the Stat	te of Florida. Such change was	authorized b	y the corpor	proporation submits this statement for the pration's board of directors. I hereby accept	ourpose of changing it of the appointment as	s registered registered
agent. I a	m familiar with, and accept the obli	gations of, Section 617.0503, FI	lorida Statute	\$.			
SIGNATURE	Signature, typed or printed name of registered a	gent and tire if applicable (NO	TE: Registered Ag	ent sionature rec	guired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		RS IN 12
TITLE	PD	DELETE	1.1 TITLE			☐ Change	Addition
NAME	TOTH, LOUIS C.		1.2 NAME				
STREET ADDRESS	101 NE 8TH AVE #3		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-	ST-ZIP			
TITLE	VTD	☐ DELETE	2.1 TITLE	-		☐ Change	
NAME	, , , , , , , , , , , , , , , , , , ,		2.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE	FT. LAUDERDALE FL SD	DELETE	2. 4 CHTY- 3.1 TITLE			Change	Addition
NAME	YUKSANOVICH, LORI	C DECENT	3.2 NAME	1	VUKSANOVICH,	Gridinge	L. Augusti
STREET ADDRESS				T ADDRESS	VONSH		
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4. CITY				·
TITLE	· ·· the section in the party of the party o	DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAM	:)			
STREET ADDRESS				T ADDRESS			
CITY - ST - ZIP			4.4 CITY				
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			52 NAME				
STREET ADDRESS			5 3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME	l			
STREET ADDRESS			6.3 STREE	T ADDRESS		•	

6.4 CITY-ST-ZIP

14. I do 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

RAULS KRISTIAN

(954) 728-985

FILED

Jan 27 1997 8:00am

Secretary of State

Daylime Phone # 0035303