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NONPROFIT CORPORATION ANNUAL REPORT

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

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	APARTMENTS CONDOMIN		INC.					
	ce of Business	Mailing Address	~~~	İ			IT BIBLI BIBEL #	
BOARD OF DILLEGENS STORUTH MONFORTE, SEC		BOAND OF DIALE		-	3. Date Incorporated or Quali	fied		
10250 W. BAY HARBOR DR.		10250 W. BAY HARBOR DR.				ille u		
BAY HARBOR I	ISLANDS FL 33154	BAY HARBOR ISLANDS F	L 33154	F	01/08/1985 4. FEI Number		IΔ	pplied For
					59-0931605			lot Applicable
2. Principal F	Place of Business	2a. Mailing Address						Additional
21		26			5. Certificate of Status Desire			Additional lequired
Suite, Apt. #, etc.		Suite, Apt. #, etc.		ŀ	6. Election Campaign Financi		\$5.00	
City & Stat		City & State			Trust Fund Contribution		Added t	
City & State		City & State			Is this nonprofit corporation		s associatio T No	on?
23 Zip	Country	28 Zip	Country		0			
24	25	29	30		 This corporation owes or hat Personal Property Tax due 			ntangiole No
24	9. Name and Address of Current		30		10. Name and Address of Ne			
			81 Na	ameo a			-3	
HOUSE	OFC DUTIE			HUE	N FERTIC			
	RTE, RUTH		82 St	reet Address	s (P.O. Box Number is Not Acco W. Sar IT AMS	eptable)		
	V. BAY HARBOR DR RBOR ISLES FL 33154		83 9	3A 4	W.BAY, ITANBA NBM ISI AHIS	<u> </u>		
			84 Ci	+119711) ity	KDAK PCUMO		85 ,Zìp	Code
11. Purcuant	to the particions of Sections 617 0501	2 and 617 1509 Florida State	utoe the above pa	mod cornors	ation cultimite this statement for	FL.	 3 -3	to recipiored
						the purpose of	Chancing i	its registered
office or r	registeres, agent, or both, in the State	of Florida. Such change was	authorized by the	corporation'	's board of directors. I hereby a	accept the app	ointment as	registered
office or r agent. I a	registered agent, or both, in the State im families with, and aggept the obliga	of Florida. Such change was ations of Section 617,0503, F	authorized by the forida Statutes.	corporation'	's board of directors. I hereby a	accept the app	ointment as	s registered
office or r agent. I a SIGNATURE	to the provisions of Segtions 617.0502 registered agent, or both, in the State am familify with, and agent the obligations of the obligations of the segment of the obligations of the segment of the seg	of Florida. Such change was atons of, Section 617.0503, F	authorized by the forida Statutes.	corporation	's board of directors. I hereby a		ointment as	registered
office or r agent. I a SIGNATURE	Signature, typed or printed hame of registered ager	nt and title if applicable. (NC	authorized by the forida Statutes. TE: Registered Agent signal.	e corporation	when reinstating)	DATE		
	Signature, typed or printed hame of registered ager OFFICERS AND	nt and title if applicable. (NC	OTE: Registered Agent sig	e corporation'	's board of directors. I hereby a when reinstating) ADDITIONS/CHANGES TO C	DATE		
12.	Signature, typed or printed fiame of registered ager OFFICERS AND PVD	nt and title if applicable. (NO D DIRECTORS	TE: Registered Agent sig	corporation	when reinstating)	DATE	DIRECTOR	RS IN 12
12. TITLE NAME	Signature, typed or printed frame of registered ager OFFICERS AND PVD ALLEN FERTIK	nt and title if applicable. (NO D DIRECTORS	TE: Registered Agent sig 13. 1.1 TITLE 1.2 NAME	nature required w	when reinstating)	DATE	DIRECTOR	RS IN 12
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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 receive for 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 changes in an attachment with an address.

865-1259

FILED

Jan 15 1998 8:00am

Secretary of State