

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 # N12103 (0)

1. Corporation Name

SOUTHVIEW AT AVENTURA CONDOMINIUM ASSOCIATION, I NC.



Principal Place of Business

Mailing Address

2901 C/O DCI SIMMS ST
HOLLYWOOD FL 33020

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HOLLYWOOD FL 33020

3. Date Incorporated or Qualified
11/14/1985

3a. Date of Last Report
02/15/1995

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

4. FEI Number
59-2574459

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

10. Name and Address of New Registered Agent

D.C.I.
2901 SIMMS ST.
ATTN: ANDREW MEYROWITZ
HOLLYWOOD FL 33020

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, OPAL	
STREET ADDRESS	3440 NE 192ND ST. 5E	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TASMAN, HERB	
STREET ADDRESS	3350 N.E. 192 ST. 4A	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	VIGILANTE, STEVE	
STREET ADDRESS	3350 NE 192ND ST 4F	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WREN, ELAINE	
STREET ADDRESS	3400 NE 192ND ST. 1H	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALTER, SCOTT	
STREET ADDRESS	3440 NE 192ND ST 1H	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAILLAUX, EDUARDO	
STREET ADDRESS	3440 NE 192ND ST 1B	
CITY-ST-ZIP	N MIAMI BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BROWN, OPAL	
1.3 STREET ADDRESS	3440 N.E. 192ND ST 5.E	
1.4 CITY-ST-ZIP	N MIAMI BCH FL 33180	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TASHAN, HERB	
2.3 STREET ADDRESS	3350 N.E. 192ND ST 4A	
2.4 CITY-ST-ZIP	N. MIAMI BCH FL 33180	
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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NESTEL, EDIE	
4.3 STREET ADDRESS	3350 N.E. 192ND ST 4D	
4.4 CITY-ST-ZIP	N. MIAMI BEACH FL 33180	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TORRES, JOHN	
5.3 STREET ADDRESS	3440 N.E. 192ND ST. 4N	
5.4 CITY-ST-ZIP	N. MIAMI BCH FL 33180	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	COHEN, AARON	
6.3 STREET ADDRESS	3440 NE 19	
6.4 CITY-ST-ZIP	N MIAMI BCH FL 33180	

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 filing 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: *Steve Vigilante*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVE VIGILANTE 1/22/96 9338183
PRESIDENT Date Daytime Phone #

CR2E037 (12/95)