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Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N12103 (0)  
1. Corporation Name  
SOUTHVIEW AT AVENTURA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 2301 C/O DCI SIMMS ST HOLLYWOOD FL 33020  
Mailing Address: 2901 C/O DCI SIMMS ST HOLLYWOOD FL 33020

3. Date Incorporated or Qualified: 11/14/1985  
3a. Date of Last Report: 01/29/1996  
4. FEI Number: 59-2574459  
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. 199.03?, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
D.C.I.  
2901 SIMMS ST.  
ATTN: ANDREW MEYROWITZ  
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> DELETE
NAME	BROWN, OPAL
STREET ADDRESS	3440 N.W. 192ND ST. S.E. AVENTURA FL 33180
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	TASMAN, HERB
STREET ADDRESS	3350 N.E. 192ND ST. 4A
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	VIGILANTE, STEVE
STREET ADDRESS	3350 NE 192ND ST 4F
CITY-ST-ZIP	N. MIAMI BCH FL AVENTURA FL 33180
TITLE	VD <input type="checkbox"/> DELETE
NAME	WREN, ELAINE
STREET ADDRESS	3440 NE 192ND ST 1H AVENTURA FL 33180
CITY-ST-ZIP	N. MIAMI BCH FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	MESTEL, EDIE
STREET ADDRESS	3350 N.E. 192ND ST. 4D
CITY-ST-ZIP	N. MIAMI BEACH FL
TITLE	D <input checked="" 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	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TORRES, JOHN
1.3 STREET ADDRESS	3440 NE 192ND ST 4N
1.4 CITY-ST-ZIP	AVENTURA FL 33180
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TASHAN, MARILYN
2.3 STREET ADDRESS	3350 NE 192ND ST 4A
2.4 CITY-ST-ZIP	AVENTURA FL 33180
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DOVALLE, MARY ELLEN
3.3 STREET ADDRESS	3440 NE 192ND ST 2R
3.4 CITY-ST-ZIP	AVENTURA FL 33180
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	COHEN, LIMP
4.3 STREET ADDRESS	3440 NE 192ND ST 4D
4.4 CITY-ST-ZIP	AVENTURA FL 33180
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 type="checkbox"/> 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 does not qualify for the exemption stated in Section 199.07(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 the information appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

CR2E037 (9/96)