## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N12103

(0)

SOUTHVIEW AT AVENTURA CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business Mailing Address

2901 C/O DCI SIMMS ST 2901 C/O DCI SIMMS ST			3. Date Incorporated or Qualified					
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020								
				11/14/1985				
				4. FEI Number	Applied For			
				59-2574459	Not Applicable			
2. Principal Place of Business	2a. Mailing Address	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional			
21	26			Fee Required				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be				
22	27			Trust Fund Contribution	Added to Fees			
City & State	City & State	City & State		7. Is this nonprofit corporation a homeowners association? Yes  \ No				
23	28	28						
Zip Country	Zip	Country		8. This corporation owes or has paid the cu	rrent year Intangible			
24 25	29	30		Personal Property Tax due June 30.	☐ Yes ☐ No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
•		81	Name					
D.C.I.			Street Addre	ess (P.O. Box Number Is Not Acceptable)				
2901 SIMMS ST.								
ATTN: ANDREW MEYROWITZ	<u> </u>	83						
HOLLYWOOD FL 33020		-						
,		84		FL	85 Zip Code			
office or registered agent, or both	ons 617.0502 and 617.1508, Florida Statute , in the State of Florida. Such change was a ept the obligations of, Section 617.0503, Flo	authorized by	the corporatio	ration submits this statement for the purpose on's board of directors. I hereby accept the app	f changing its registered cointment as registered			
0.0								

SIGNATURE	Signature, typed or printed name of registered agent and title if applica	ible. (NOTE.	Registered Agent signature	required when reinstating)	DATE		
12.	ÖFFICERS AND DIRECTORS		13.	ADDITIONS/CH	IANGES TO OFFICERS AN	ID DIRECTOR	S IN 12
TITLE	TD -	DELETE	1.1 TITLE	<b>9</b> 50		Change	Addition
NAME	TORRES, JOHN		1.2 NAME	OPAL BR	OWN ICL		
STREET ADDRESS	3440 NE 192ND ST 4N		1.3 STREET ADDRESS	3440 NE	192nd31		
CITY-ST-ZIP	AVENTURA FL		1.4 CITY-ST-ZIP	AVENTURA	own 192md St 192md St 192 33180		
πιε	D	■ DELETE	2.1 TITLE			Change	Addition
NAME	TASMAN, MARILYN		2.2 NAME				
STREET ADDRESS	3350 NE 192ND ST 4A		2.3 STREET ADDRESS				
CITY-ST-ZIP	AVENTURA FL		2. 4 CITY-ST-ZIP				
TITLE	D	DELETE	3.1 TITLE			Change	Addition:
NAME	DOVALLE, MARYELLEN		3.2 NAME				
STREET ADDRESS	3340 NE 192ND ST 2R		3.3 STREET ADDRESS				
CITY-ST-ZIP	AVENTURA FL		3.4. CITY-ST-ZIP				
TITLE	D	☐ DELETE	4.1 TITLE			Change	Addition
NAME	COHEN CHIP		4. 2 NAME				
STREET ADDRESS	3440 NE 192ND ST 4D		4.3 STREET ADDRESS				
CITY-ST-ZIP	AVENTURA FL		4.4 CITY-ST-ZIP				
TITLE	PD	☐ DELETE	5.1 TITLE			Change	Addition
NAME	ELAINE WREN 3440 NE 192NOST 5L		5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP	AVENTURA FL 33/80		5.4 CITY-ST-ZIP				
TITLE	VPD	DELETE	6.1 TITLE			Change	Addition
NAME	STEVE YIGILANTE, 3350 NE 192nd St 41	_	6.2 NAME				
STREET ADDRESS	3350 NE 192nd St 41	<b>/~</b>	6.3 STREET ADDRESS				
0774 07 710	11-6-11 1 1 1 0 0 0 0	/_					

I hereby certify that the information supplied with this filling 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 accurrate 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:

**FILED** 

Jan 29 1998 8:00am

Secretary of State