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Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90063 043 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N12103

1. Corporation Name
SOUTHVIEW AT AVENTURA CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business 2901 C/O DCI SIMMS ST HOLLYWOOD FL 33020	Mailing Address 2901 C/O DCI SIMMS ST HOLLYWOOD FL 33020
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/14/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2574459
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD TORRES, JOHN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3440 NE 192ND ST 4N AVENTURA FL	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D TASMAN, MARILYN	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3350 NE 192ND ST 4A AVENTURA FL	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	Pres VIGILANTE, STEVE 3350-E 192ND ST. -- AVENTURA, FL. 33180
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D DOVALLE, MARYELLEN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3340 NE 192ND ST 2R AVENTURA FL	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	V.P. FRANK, LEO 3440 NE 192ND ST. AVENTURA, FL. 33180
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D COHEN CHIP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3440 NE 192ND ST 4D AVENTURA FL	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD BROWN, OPAL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3440 N.E. 192ND ST AVENTURA FL 33180	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	Sec MAGSARO, JENNIFER 3440 NE 192ND ST AVENTURA FL. 33180
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	PD WREN, ELAINE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3440 N.E. 192ND ST AVENTURA FL 33180	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)

2/18/99 754 922-3514
Date Daytime Phone #