FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N12945

(4)

COMMODORE CENTRE CONDOMINIUM ASSOCIATION, INC.

Principal Pla	ace of Rusiness	Marillan Andrew			
Principal Place of Business Mailing Address 1801 S.W. 3RD AVE. 1801 SOUTHWEST THE MIAMI FL 33129-1416 8TH FLOOR			ird avenue		
		MIAMI FL 33129 US		3. Date Incorporated or Qualified 01/13/1986	3a. Date of Last Report 05/01/1995
_	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suita Ani	at # oto	26		65-0028785	Not Applicable
Suite, Apt	L. #, BIG.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Sta	ate	City & State			Fee Hequired
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	This corporation has liability for interest.	Added to Fees
24	25	29	30		Yes No
	9. Name and Address of Cur	rrent Registered Agent		10. Name and Address of New Re	
00.05515	F7 D00F 0		81 Name		
	EZ, ROSE G.		82 Street Add	dress (P.O. Box Number is Not Acceptable	<u>, </u>
1801 SOUTHWEST THIRD AVENUE 8TH FLOOR			-		,
MIAMI FL 33129			83		
WILCHELL	FL 33128		84 City	1	85 Zip Code
11. Pursuant	t to the provisions of Sections 617.0	502 and 617 1509. Florido Ctatut			_ FL
or registe familiar v	ered agent, or both, in the State of F with, and accept the obligations of, S	forida. Such change was authorize	ed by the corporation's boa	oration submits this statement for the purpo ard of directors. I hereby accept the appoin	ose of changing its registered office otment as registered agent, I am
SIGNATURE	, , , , ,	ection o 17,0303, Florida Statutes	•		3 · · · 3 · · 3 · · · · · · · · · · · · · · · · · · ·
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NC	TE: Registered Agent signature require	and when reinctation)	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1.1 TITLE		Change Addition
NAME	PERDIGAO, MARCIO		1.2 NAME		_ ,
STREET ADDRESS		AVENUE, 8TH FLOOR	1.3 STREET ADORESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST - ZIP		
THTLE	TD	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MEIRELES, CLAUDIA 1801 SOUTHWEST THIRD AVENUE, 8TH FLOOR		2 2 NAME		
STREET ADDRESS	MIAMI FL	AVENUE, 81H FLOOR	2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	SD SD	- I DELETE	2. 4 CITY - ST - ZIP		
NAME	JIMENEZ, ROSE	DELETE	3.1 TITLE		Change Addition
STREET ADDRESS	4004 004-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	AV/ENRIC OTH ELOOD	3.2 NAME		
CITY-ST-ZIP	MIAMI FL	AVENUE, DITT FLOOR	3.3 STREET ADDRESS		
TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		
NAME			4. 2 NAME		Change Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	1		4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		Change C Modition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	:		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
oath; that	by Certify that the information supplied the information indicated on this and the information indicated on this and the information and indicated and indicated the information supplies the information supplies and the information supplies and in	noration or the receiver or trustee	empowered to even to this	or the exemption stated in Section 119.07(Ite and that my signature shall have the sar s report as required by Chapter 617, Florid	(3)(k), Florida Statutes, I further me legal effect as if made under fa Statutes; and that my name