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FILED
Feb 24, 1999 8:00 am
Secretary of State

0029487

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-24-1999 90027 001 ****61.25

DOCUMENT # N17112

1. Corporation Name

HOMEOWNERS ASSOCIATION OF ALLISON, INC.

Principal Place of Business

C/O JONATHAN BELOFF
 701 BRICKELL AVE #1900
 MIAMI BEACH FL 33131

Mailing Address

C/O JONATHAN BELOFF
 701 BRICKELL AVE #1900
 MIAMI BEACH FL 33131



2. Principal Place of Business

21 **6525 Allison Road**
 Suite, Apt. #, etc.

2a. Mailing Address

26 **6525 Allison Road**
 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

10/03/1986

4. FEI Number

65-0027637

Applied For

Not Applicable

City & State

23 **Miami Beach, Florida**

City & State

28 **Miami Beach, Florida**

Zip Country

24 **33141 U.S.A.**

Zip Country

29 **33141 U.S.A.**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BELOFF, JONATHAN
 701 BRICKELL AVE #1900
 MIAMI BEACH FL 33131

10. Name and Address of New Registered Agent

81 Name

BELOFF, JONATHAN

82 Street Address (P.O. Box Number is Not Acceptable)

6525 Allison Road

83

84 City

Miami Beach

FL

85 Zip Code

33141

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 DELETE
PD
 NAME **BELOFF, JONATHAN**
 STREET ADDRESS **6525 ALLISON ROAD**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE DELETE
 NAME **VPD**
SCHWARTZ, ROBERT
 STREET ADDRESS **6360 ALLISON RD.**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE DELETE
 NAME **STD**
ISAAC, MATZ
 STREET ADDRESS **6550 ALLISON ROAD**
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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:

Jonathan Beloff
JONATHAN BELOFF

1-5-99 305-789-2745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)