

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # U39463
1. Corporation Name

THE ALEXANDER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified **8/13/1990** 3a. Date of Last Report **11/27/95**

2. Principal Place of Business **21 THE ALEXANDER CONDOMINIUM** 2a. Mailing Address **26 GUARANTEE MANAGEMENT SERV.**

4. FEI Number **65-0209894** Applied For Not Applicable

22 **5225 COLLINS AVENUE** 27 **111 FONTAINEBLEAU BLVD.**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 **MIAMI BEACH, FLORIDA** 28 **MIAMI, FLORIDA**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 **33140** 25 **U.S.A.** 29 **33172** 30 **U.S.A.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 **GUARANTEE MANAGEMENT**
82 **111 FONTAINEBLEAU BLVD**
83
84 **MIAMI** **FL** 85 **33172**

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 **John J. Fealey** DATE **4/28/96**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------------|---------------------------------|
| TITLE | P/D | <input type="checkbox"/> DELETE |
| NAME | HILARY LANGEN | |
| STREET ADDRESS | 112 S. HIBISCUS DR. | |
| CITY-ST-ZIP | MIAMI BEACH, FL 33139 | |
| TITLE | VP/S/D | <input type="checkbox"/> DELETE |
| NAME | DAVID MCKIBBIN | |
| STREET ADDRESS | 5225 COLLINS AVE. | |
| CITY-ST-ZIP | MIAMI BEACH, FL | |
| TITLE | T/D | <input type="checkbox"/> DELETE |
| NAME | JACK WOLFSDORF | |
| STREET ADDRESS | 3100 SW 62 AVE. B11 | |
| CITY-ST-ZIP | MIAMI, FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 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 | 400001848064 |
| 6.3 STREET ADDRESS | -06/03/96--01049--022 |
| 6.4 CITY-ST-ZIP | ***61.25 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **Hilary Langen Resident**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **HILARY LANGEN** Date **4/30/96** Daytime Phone # **(305) 636-0022**

CR2E037 (12/95)