


FILE NOW: FILING FEE IS \$61.25

FILED  
Aug 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N39483 (5)  
1. Corporation Name  
THE ALEXANDER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 5225 COLLINS AVENUE MIAMI BEACH FL 33140  
Mailing Address: C/O GUARANTEE MANAGEMENT SERV 111 FONTAINEBLEAU BLVD MIAMI FL 33172-4507

3. Date incorporated or Qualified: 08/13/1990  
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21 5225 Collins Ave  
2a. Mailing Address: 26 5225 Collins Ave  
22 Suite, Apt. #, etc.  
23 City & State: Miami Beach FL  
24 Zip: 33140 25 Country: USA  
27 Suite, Apt. #, etc.  
28 City & State: Miami Beach FL  
29 Zip: 33140 30 Country: USA

4. FEI Number: 65-0209894  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
GUARANTEE MANAGEMENT  
111 FONTAINEBLEAU BLVD  
MIAMI FL 33172

10. Name and Address of New Registered Agent  
81 Name: Anni-Marie Antezana  
82 Street Address (P.O. Box Number is Not Acceptable): 5225 COLLINS AVENUE  
83  
84 City: Miami Beach FL 85 Zip Code: 33140

61. 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: *Anni-Marie Antezana* manager  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD LANGEN, HILLARY	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	112 S. HIBISCUS DR.		1.2 NAME
STREET ADDRESS	MIAMI BEACH FL 33139		1.3 STREET ADDRESS
CITY-ST-ZIP			1.4 CITY-ST-ZIP
TITLE	VPSD MC KIBBIN, DAVID	<input checked="" type="checkbox"/> DELETE	2.1 TITLE
NAME	5225 COLLINS AVENUE		2.2 NAME
STREET ADDRESS	MIAMI BEACH FL		2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE	TD WOLFSORF, JACK	<input type="checkbox"/> DELETE	3.1 TITLE
NAME	3100 SW 62 AVE B11		3.2 NAME
STREET ADDRESS	MIAMI FL		3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	PD/D Jack Wolfsdorf
Change <input type="checkbox"/> Addition <input type="checkbox"/>	3100 SW 62 AV B11 PD/D MIAMI FL 33155
Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	Vice-President/SEC. Eli White Jr.
Change <input type="checkbox"/> Addition <input type="checkbox"/>	5225 COLLINS AVENUE V-P/D MIAMI BEACH, FL 33140
Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	SEC. Gaston Comas #515/D
Change <input type="checkbox"/> Addition <input type="checkbox"/>	5225 COLLINS AV #515/D MIAMI BEACH, FL 33140
Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Change <input type="checkbox"/> Addition <input type="checkbox"/>	
Change <input type="checkbox"/> Addition <input type="checkbox"/>	300002271863 -08/20/97--01014--009 ***61.25

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(a) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate. I have signed 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.

CR2E037 (9/96)