FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 23 1997 8:00am

3a. Date of Last Report 07/01/1996

Change

305-532-7878

___ Addition

 Date Incorporated or Qualified 06/02/1994

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

Principal Place of Business

MIAMI BEACH FL 33139

420 15TH ST SUITE 3

TITLE

NAME

STREET ADDRESS

SIGNATURE: ___

SIGNATURE AND TYPE

CITY-ST-ZIP

N94000002768 (9)

Mailing Address
914 PRESIDENT STREET

BROOKLYN FL 11215-1655

SUITE 2

THE ANTON CONDOMINIUM ASSOCIATION, INC.

2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For		
21		26		65-0520690	Not Applicable		
Suite, Apt.	#, etc	Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional	
22		27		·····	C. Commonic of Change Desired	Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be	
23	28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Co	untry	8. This corporation has liability for intangib		
24	25	29	30		The state of the s	XI No	
Name and Address of Current Registered Agent				ļ	10. Name and Address of New Registered Agent		
				81 Name			
BENNETT, JOAN				82 Street Address (P.O. Box Number is Not Acceptable)			
420 15TH ST				on section of the sec			
SUITE 3				83			
MIAMI BEACH FL 33139						Taril 7:- Code	
				84 City	FI	85 Zip Code	
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 _	Signative Typed or printed name of registered as	nent and little if agniceable (N	OTF: Registere	ed Agent signature requi	red when reinstating) DATE		
12.		ND DIFFECTORS	13.	<u></u>	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12	
TITLE	DP	DELETE	1.1 T	ITLE		Change Addition	
NAME	CAO, LAI V		1.2 N	IAME			
STREET ADDRESS	914 PRESIDENT STREET		138	TREET ADDRESS			
CITY-ST-ZIP	BROOKLYN NY		1	CITY-ST-ZIP			
TITLE	DV	DELETE	217			Change Addition	
NAME	LONGINOTTO, FINN R			IAME			
STREET ADDRESS	701 14TH ST., STE. 2			TREET ADDRESS			
\ \ \	MIAMI BEACH FL 33139			\			
CITY+S1+ZIP TITLE	DST DST	DELETE	3.1 7	CITY - ST - ZIP		☐ Change ☐ Addition	
NAME	BENNETT, JOAN			IAME		LI Monton	
	420 15TH ST SUITE 3			1			
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL	Driese		CITY-ST-ZIP		Change Addition	
TATLE		DELETE	4.1 T			Change Addition	
NAME				NAME			
STREET ADDRESS			4.3 9	STREET ADDRESS			
C(TY-ST-ZIP				CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 7	TITLE		Change	
NAME			5.2	IAME			
STREET ADDRESS			5.3 9	STREET ADDRESS			
CITY-ST-ZIP			5.40	CITY-ST-ZIP			

6.1 TITLE

6.2 NAME

6 3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby cert fy 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.

___ DELETE