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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N94000003638 (3)**

1. Corporation Name

1211 PENNSYLVANIA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~1111 LINCOLN ROAD, #605~~
MIAMI BEACH FL 33139

~~1111 LINCOLN ROAD, #605~~
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/22/1994

3a. Date of Last Report

4. FEI Number

65-0530049

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 1211 PENNSYLVANIA AVE

26 855 AVE. OF THE AMERICAS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 40 BOGEN - ST. 609

City & State

City & State

23 MIAMI BEACH FL

28 NEW YORK, NY

Zip

Zip

24 33139

29 10001

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

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

**CORPORATION INFORMATION SERVICES INC.
1201 HAYES STREET
TALLAHASSEE FL 32301**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	VODA, TIMOTHY
STREET ADDRESS	1111 LINCOLN ROAD, #804
CITY, ST, ZIP	MIAMI BEACH FL 33139
TITLE	D
NAME	IRIGOGEN, BERT
STREET ADDRESS	1111 LINCOLN ROAD, #804
CITY, ST, ZIP	MIAMI BEACH FL 33139
TITLE	D
NAME	MARTINEZ, LAZARO
STREET ADDRESS	1111 LINCOLN ROAD, #804
CITY, ST, ZIP	MIAMI BEACH FL 33139
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	NOT AN OFFICER
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	NOT AN OFFICER
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	NOT AN OFFICER
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	D, P. ERNEST BOGEN
4.3 STREET ADDRESS	41 WOODS LANE
4.4 CITY, ST, ZIP	BOYNTON BEACH, FL. 33436
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	RITA BOGEN
5.3 STREET ADDRESS	41 WOODS LANE
5.4 CITY, ST, ZIP	BOYNTON BEACH, FL. 33436
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	CLAUDIA BOGEN
6.3 STREET ADDRESS	245 E. 13 ST. #12
6.4 CITY, ST, ZIP	NYC 10003

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 110.07(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:

Ernest Bogen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNEST BOGEN

4/11/95 212-563-4823