## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N94000004765 (3)

THE CLARIDGE COURT CONDOMINIUM ASSOCIATION, INC.

1414 COLLINS AVE., SUITE 1 MIAMI BEACH FL 33139

Principal Place of Business

Mailing Address

1414 COLLINS AVE., SUITE 1 MIAMI BEACH FL 33139



			3. Date Incorporated or Qualified 09/27/1994	3a. Date of Last Report 04/27/1995					
	ace of Business	2a. Mailing Address			4. FEI Number			Applied For	
Suite, Apt. #, etc.		26			65-0557748			Not Applicable	
22		Suite, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required					
City & State		City & State						\$5.00 May Be Added to Fees	
Zip	Country	Zip	Countr	У	8. This corporation has liability for in-	angible tax	under s	. 199.032,	
24 25 29 30  9. Name and Address of Current Registered Agent				Florida Statutes					
	9. Name and Address of Current P	tegistered Agent	- 8	I Name	10. Name and Address of New Re	gistered A	gent		
			l°	Ivame					
SCHOLL, DENNIS				Street Add	treet Address (P.O. Box Number is Not Acceptable)				
1414 COLLINS AVE., SUITE 1			-	83					
MIAMI B	EACH FL 33139		83	<b>'</b>					
			84	City			<b>85</b> Z	p Code	
11 0				1		FL	1-1		
familiar wit	ed agent, or both, in the State of Florida. th, and accept the obligations of, Soction Signature typed or printed name of registered agent and	617.0503, Florida Statutes.	u by the cor	poration's boa	oration submits this statement for the purporard of directors. I hereby accept the appoin	ntment as r	egistered	agent. I am	
12.	OFFICERS AND D		13.		ADDITIONS/CHANGES TO OFFIC		DIBLOTO	DRS IN 12	
TITLE	D	DELETE	1 1 TITLE				7 Change	Addition	
NAME	SCHOLL, DENNIS		1.2 NAME			_	~و		
STREET ADDRESS	1414 COLUNS AVE., SUITE 1			T ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-						
TITLE	D	DELETE	2 1 TITLE			Г	] Change	Addition	
NAME	SCHOLL, DEBRA S		2 2 NAME			_	_		
STREET ADDRESS	1414 COLLINS AVE., SUITE 1		2 3 STREE	T ADDRESS					
CITY-ST-ZIP	AMALIE DELOUI EL GALGO		2 4 CITY	ST-ZIP					
TITLE	D	DELETE	3 1 TITLE			Г	] Change	☐ Addition	
NAME	HARTMAN, ROBERT		3 2 NAME			_		_	
STREET ADDRESS	1414 COLLINS AVE., SUITE 1		3.3 STREE	T ADDRESS					
CITY-ST-ZIP	MIAMI BEACH FL 33139		3 4. CITY -	ST-ZIP					
TITLE		DELETE	4.1 TITLE				] Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4 3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY-	ST ZIP					
TITLE		DELETE	5 1 TIFLE				] Change	☐ Addition	
NAME			5.2 NAME						
STREET ADDRESS			5 3 STREE	r adoress					
CITY-ST-ZIP			5 4 CITY-	ST-ZIP					
TITLE		DELETE	6 1 TITLE				] Change	☐ Addition	
NAME			6 2 NAME						
STREET ADDRESS			63 STREE	1 ADDRESS					
CITY-ST-ZIP			6.4 CHY-	ST-ZIP					
oath; that I		eport or supplemental annua on or the receiver or trustee	ai report is tr empowered		or the exemption stated in Section 119.07 ate and that my signature shall have the sa is report as required by Chapter 617, Florid				

SIGNATURE:

SIGNATURE AND THE