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**Mar 04, 1999 8:00 am**  
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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N94000004942**

1. Corporation Name  
**OCTAGON TOWERS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
 1881 WASHINGTON AVENUE  
 MIAMI BEACH FL 33139

Mailing Address  
 % THE CONTINENTAL GROUP  
 20815 NE 16TH AVENUE B-14  
 NORTH MIAMI BEACH FL 33179  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/07/1994</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0560049</b>	
22		27		Applied For Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BECKER &amp; POLLIAKOFF, P.A.</b> 5201 BLUE LAGOON DR, STE 100 DAVID H. ROGEL MIAMI FL 33126				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFSON, NEAL		1.2 NAME	THRASHER JEFFREY	
STREET ADDRESS	1881 WASHINGTON AVE, UNIT 10E		1.3 STREET ADDRESS	1881 WASHINGTON AVE 16D	
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THRASHER, JEFFREY		2.2 NAME	<del>HOFFSON NEAL</del>	
STREET ADDRESS	1881 WASHINGTON AVENUE		2.3 STREET ADDRESS	1881 WASHINGTON AVE 10E	
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, TERI		3.2 NAME		
STREET ADDRESS	1881 WASHINGTON AVE, UNIT 7G		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		3.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORLOCK, ALLEN		4.2 NAME		
STREET ADDRESS	1881 WASHINGTON AVE UNIT 11H		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL		4.4 CITY-ST-ZIP		
TITLE	ATD	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLUME, KRISTEN		5.2 NAME	GREG FREEMAN	
STREET ADDRESS	1881 WASHINGTON AVE, UNIT 10C		5.3 STREET ADDRESS	1881 WASHINGTON AVE PHA	
CITY-ST-ZIP	MIAMI BEACH FL 33139		5.4 CITY-ST-ZIP	MIAMI BEACH FL 33139	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WUEST, BOB		6.2 NAME		
STREET ADDRESS	1881 WASHINGTON AVE, 7A		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BCH FL 33139		6.4 CITY-ST-ZIP		

14. I hereby certify 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* **5 Feb '99** **1-954** **378-2337**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)