

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandrine B. Montjarn
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # N94000005999 (7)

95 MAY -1 AM 8:17

1. Corporation Name
2939/2957 DAY AVENUE CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business Mailing Address
21 S.E. FIRST AVE. MIAMI FL 21 S.E. FIRST AVE. MIAMI FL

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 3a. Date of Last Report
12/07/1994
4. FEI Number Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 2957 Day Avenue 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 A. 27
City & State City & State
23 Coconut Grove 28
Zip County Zip Country
24 33134 25 FL 29 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

TOCKMAN, STUART L
21 S.E. FIRST AVE.
MIAMI FL

81 Name Magnus Liledahl
82 Street Address (P.O. Box Number is Not Acceptable) 813 Palermo Avenue
83
84 City Coral Gables FL 85 Zip Code 33134

11. Pursuant to the provisions of Sections 607.0012 and 607.1505, 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 607.0005, Florida Statutes.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS
TITLE D
NAME TOCKMAN, STUART L
STREET ADDRESS 21 S.E. FIRST AVE.
CITY - ST - ZIP MIAMI FL
~~TITLE D
NAME BRENNER, RICHARD M
STREET ADDRESS 21 S.E. FIRST AVE.
CITY - ST - ZIP MIAMI FL
TITLE D
NAME HORGAN, TERESITA
STREET ADDRESS 21 S.E. FIRST AVE.
CITY - ST - ZIP MIAMI FL~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE President - D Change Addition
12 NAME Magnus S. Liledahl
13 STREET ADDRESS 813 Palermo Av.
14 CITY - ST - ZIP Coral Gables FL 33134
21 TITLE Secretary T Change Addition
22 NAME Doneta Liledahl
23 STREET ADDRESS 813 Palermo Av.
24 CITY - ST - ZIP Coral Gables FL 33134
31 TITLE T Change Addition
32 NAME Tockman, Stuart L.
33 STREET ADDRESS 21 S.E. First Av.
34 CITY - ST - ZIP Miami FL
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4-28-95 Time: 4:43-3060