

**FILE NOW: FILING FEE IS \$61.2**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # N94000005999 (7)**

1. Corporation Name

**2939/2957 DAY AVENUE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2957 DAY AVE  
STE A  
COCONUT GROVE FL 33134  
US

21 S.E. FIRST AVE.  
MIAMI FL



2. Principal Place of Business

2a. Mailing Address

21 **813 Palermo Ave**

26 **813 Palermo Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Coral Gables**

27

City & State

City & State

23 **FL**

28 **Coral Gables FL**

24 Zip **33134**

Country

29 Zip **33134**

Country

9. Name and Address of Current Registered Agent

**LILEDANK, LEAGNUS  
813 PALERMO AVE  
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified  
**12/07/1994**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number

**APPLIED FOR**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

10. Name and Address of New Registered Agent

81 Name **MAGNUS LILJEDAHL**

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

**813 PALERMO AVE**

83

84 City **CORAL GABLES**

**FL**

85 Zip Code **33134**

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.

I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Magnus Liljedahl*

(NOTE: Registered agent's signature required when reinstating)

*Magnus Liljedahl*

**5/1/96**

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LILEDANK, MAGNUS	
STREET ADDRESS	813 PALERMO AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	LILDANK, AGNETA	
STREET ADDRESS	813 PALERMO AVE	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TOCKMAN, STUART L	
STREET ADDRESS	21 SE 1ST AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	P.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME	LILJEDAHL, Magnus	
1. STREET ADDRESS	813 Palermo Ave	
1. CITY-ST-ZIP	Coral Gables, FL 33134	
2. TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	LILJEDAHL, Agneta	
2. STREET ADDRESS	813 Palermo Ave	
2. CITY-ST-ZIP	Coral Gables, FL 33134	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

does not qualify for the exemption stated in Section 119.07(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:

*Magnus Liljedahl*

Date

**5/1/96**

Daytime Phone #

**(305) 466-8287**

CR2E037 (12/95)