

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
Zip	Zip
24 33134	29 33134
Country	Country
25	30

9. Name and Address of Current Registered Agent

LILEDANK, LEAGNUS
813 PALERMO AVE
CORAL GABLES FL 33134

3. Date Incorporated or Qualified	3a. Date of Last Report
12/07/1994	05/01/1995
4. FEI Number	Applied For
APPLIED FOR	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent	
81 Name	MAGNUS LILJEDAHN
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.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

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

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	LILEDANK, MAGNUS
STREET ADDRESS	813 PALERMO AVE
CITY - ST - ZIP	CORAL GABLES FL
TITLE	ST
NAME	LILEDANK, AGNETA
STREET ADDRESS	813 PALERMO AVE
CITY - ST - ZIP	CORAL GABLES FL
TITLE	T
NAME	TOCKMAN, STUART L
STREET ADDRESS	21 SE 1ST AVE
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD
1. NAME	LILJEDAHN, Magnus
1. STREET ADDRESS	813 Palermo Ave
1. CITY - ST - ZIP	Coral Gables, FL 33134
2. TITLE	ST
2. NAME	LILJEDAHN, Agneta
2. STREET ADDRESS	813 Palermo Ave
2. CITY - ST - ZIP	Coral Gables, FL 33134
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)