FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N95000003273 (8)

BROTHERS II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business		Mailing Address			l	1 1001165 (10 1619) ditt 8611 48111 98111 25111 25111 2110 1110 1110 1110		
5965 -5985 NW B2ND AVE MIAMI FL 33166		5955 -5995 NW 82ND AVE MIAMI FL 33166						
					Ì	3. Date Incorporated or Qualified 07/11/1995	3a. Date of La 10/09	st Report 9/1996
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number NOT APPLICABLE		Applied For
21		26				Trot Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			ļ	5. Certificate of Status Desired		75 Additional e Required
City & State		City & State			6. Election Campaign Financing		.00 May Be	
23		28			Trust Fund Contribution		ded to Fees	
Zip	Country	Zip	Country			8. This corporation has liability for i		 -
24	25		0		_	Florida Statutes	Yes 🔀 No	
	9. Name and Address of Current	Registered Agent		A41 .:		10. Name and Address of New Re	gistered Agent	
			ŀ	81 Nar	ıme			
	RG, STANLEY A		82 Street Add		eet Addres	s (P.O. Box Number is Not Acceptab	ile)	····
	995 NW 82ND AVE °L 33166		}	83				
IND MAIL I	2 00 100		}	84 City			pm.a 85	Zip Code
				J.,	· '		FL ⁸	L.p 0000
office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State om familiar with, and accept the obligat	f Florida. Such change was au	thorized	d by the o	med corpor corporation	ation submits this statement for the p 's board of directors. I hereby accep	urpose of changi at the appointmen	ng its registered it as registered
SIGNATURE _	Signature, typed or printed name of registered agent	and title if antilicable (NOTE	Registered	Acent sign	nature required	when reinstating)	DATE	<u> </u>
12.		FICERS AND DIRECTORS 13			- Mary rada - va	ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE				Cha	inge Addition
NAME	GINSBERG, STANLEY A		1.2 NA	ME				
STREET ADDRESS	5955 -5995 NW 82ND AVE		1.3 ST	reet addre	iess			
CITY-ST-ZIP	MIAMI FL 33166		1.4 C/I	TY-\$T-ZIP				
TITLE	DV	☐ DELETE	2.1 TITLE		[Cha	ange 🔲 Addition
NAME	GINSBERG, DAVID E		2.2 NAME					
STREET ADDRESS	5955 -5995 NW 82ND AVE			REET ADDRE				
CHY-ST-ZIP TITLE	MIAMI FL 33166 DV	DELETE	2. 4 CITY-ST-2 3.1 TITLE		<u> </u>		Cha	nge Addition
NAME	GINSBERG, ALAN W	C otter	3.2 NAME		· I		Und Olid	ngeradition [
STREET ADDRESS	5955 -5995 NW 82ND AVE		3.3 STREET ADDRESS		eess			
CITY-ST-ZIP	MIAMI FL 33166		3.4. CITY-ST-ZI					
TITLE	DST	DELETE	4.1 TITLE				☐ Cha	ange Addition
NAME	GINSBERG, DANIEL R		4. 2 N/	AME				
STREET ADDRESS	5955 -5995 NW 82ND AVE		4.3 ST	REET ADDRE	ESS			
CHTY-ST-ZIP	MIAMI FL 33166		4.4 Ct	TY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Cha	ange
NAME			5.2 NA	WE .				
STREET ADDRESS			5.3 \$T	REET ADDRE	eess			
CITY - ST - ZIP		1 22.22	_	TY-ST-ZIP				1 A A A A A A A A A A A A A A A A A A A
TITLE		DELETE	6.1 717				☐ Cha	ange 🔲 Addition
NAME			6.2 NA					
STREET ADDRESS			6.3 \$1	REET ADORI	RESS		•	

14. I do 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 supplier ental 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 required 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 changer, office an address.

SIGNATURE:

FILED

Apr 30 1997 8:00am

Secretary of State