

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004425 (3)

1. Corporation Name

**PARK POINTE PHASE II CONDOMINIUM "D" ASSOCIATION
INC.**



Principal Place of Business

Mailing Address

C/O MARCIA H. LANGLEY
2601 SOUTH BAYSHORE DRIVE
MIAMI FL 33133

C/O MARCIA H. LANGLEY
2601 SOUTH BAYSHORE DRIVE
MIAMI FL 33133

3. Date Incorporated or Qualified

09/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANGLEY, MARCIA
ATLANTIC GULF COMMUNITIES
2601 SOUTH BAYSHORE DRIVE
MIAMI FL 33133

81 Name

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

83

84 City

FL

85 Zip Code

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 title if applicable

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

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CLEARY, CHRIS
STREET ADDRESS 2601 SOUTH BAYSHORE DR
CITY-ST-ZIP MIAMI FL 33133 ☒ DELETE

1.1 TITLE PD
1.2 NAME Fertig, Jay C.
1.3 STREET ADDRESS 2601 S. Bayshore Dr.
1.4 CITY-ST-ZIP Miami, FL 33133 ☐ Change ☒ Addition

TITLE VSD
NAME LANGLEY, MARCIA H
STREET ADDRESS 2601 SOUTH BAYSHORE DR
CITY-ST-ZIP MIAMI FL 33133 ☒ DELETE

2.1 TITLE VSD
2.2 NAME Goldman, Joel K.
2.3 STREET ADDRESS 2601 S. Bayshore Dr.
2.4 CITY-ST-ZIP Miami, FL 33133 ☐ Change ☒ Addition

TITLE TD
NAME ALLEN, MATTHEW J
STREET ADDRESS 2601 SOUTH BAYSHORE DR
CITY-ST-ZIP MIAMI FL 33133 ☒ DELETE

3.1 TITLE VTD
3.2 NAME Sparrow, Mark
3.3 STREET ADDRESS 2601 S. Bayshore Dr.
3.4 CITY-ST-ZIP Miami, FL 33133 ☐ Change ☒ Addition

TITLE VS
NAME KULCZYCKI, GEORGE
STREET ADDRESS 2601 SOUTH BAYSHORE DR
CITY-ST-ZIP MIAMI FL 33133 ☒ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **600001829246**
05/20/96--01044--014
*****61.25**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

4-19-96

305-859-4071

Date

Daytime Phone

CR2E037 (12/95)