

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000005765 (1)

1. Corporation Name
KA-MAR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
2800 NE 28TH STREET Lighthouse Point FL 2800 NE 28TH STREET Lighthouse Point FL 33064-8296

3. Date Incorporated or Qualified 12/04/1995 3a. Date of Last Report 03/12/1996
4. FEI Number 59-1206748 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
KAYE & ROGER, P.A.
1500 WEST CYPRESS CREEK ROAD #207
FORT LAUDERDALE FL 33006

10. Name and Address of New Registered Agent
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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SEERY, JACQUELINE	
STREET ADDRESS	2800 NE 28TH STREET	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PEPIT, RICHARD	
STREET ADDRESS	2800 NE 28TH STREET	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	MCKEE, RENEE	
STREET ADDRESS	2800 NE 28TH STREET	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WATKINS, NANCY	
1.3 STREET ADDRESS	2800 NE 28th St	
1.4 CITY-ST-ZIP	Lighthouse Point, FL 33064	
2.1 TITLE	V. President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TUTORA, JOHN	
2.3 STREET ADDRESS	2800 NE 28th St	
2.4 CITY-ST-ZIP	Lighthouse Point, FL 33064	
3.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gunn, Walter	
3.3 STREET ADDRESS	2800 NE 28th St	
3.4 CITY-ST-ZIP	Lighthouse Point, FL 33064	
4.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TERRILL, LAURICE	
4.3 STREET ADDRESS	2800 NE 28th St	
4.4 CITY-ST-ZIP	Lighthouse Point, FL 33064	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MALLOY, TOM	
5.3 STREET ADDRESS	2800 NE 28th Street	
5.4 CITY-ST-ZIP	Lighthouse Point, FL 33064	
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 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 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: *Laurice Terrill* 2-12-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0021912

CFR2E037 (9/96)