## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90099 011 \*\*\*\*61.25

**FILED** 

## DOCUMENT # N9600001354

760 CONDOMINIUM ASSOCIATION OF MIAMI BEACH, INC.

Principal Place of Business 760 JEFFERSON AVE MIAMI BEACH FL 33139

Mailing Address

760 JEFFERSON AVE MIAMI BEACH FL 33139

|                                    |   |            |                         |                             |               |                   |   |                    | •                                     |           |             |          |
|------------------------------------|---|------------|-------------------------|-----------------------------|---------------|-------------------|---|--------------------|---------------------------------------|-----------|-------------|----------|
| Principal Place of Business     21 |   |            | 2a. Mailing Address     |                             |               |                   | 3. Date Incorporated or Qualifed 03/12/1996 |                    |                                       |           |             |          |
| Suite, Apt. #, etc.                |   |            | Suite, Apt. #, etc.     |                             | 4. FEI Number |                   |   |                    | Applied F                             | or        |             |          |
| 22                                 |   | 27         |                         |                             |               |                   | 65-082725                                   | 2                  |                                       |           | Not Appl    | icable   |
| City & State                       |   |            | City & State            |                             |               |                   | 5. Certificate of                           | Status Desired     | ired   \$8.75 Additional Fee Required |           |             |          |
| Zip                                | Country   | 1-0,       | Zip                     | Country                     | į             |                   | 6. Election Cam                             | paign Financing    |                                       | \$5.0     | May E       | Зө       |
| 24                                 | 25  | 30         |                         |                             |               | ,                 | nd Contribution Added to Fees               |                    |                                       |           |             |          |
|                                    | 9. Name and Address of Curren   | t Regist   | tered Agent             |                             |               |                   | 10. Name and A                              | ddress of New R    | egistered .                           | Agent     |             |          |
|                                    |   |            |                         | 81                          |               | Name              |   |                    |                                       |           |             |          |
| KNAUB, F                           | : <b>F</b>  |            |                         | 82                          | ┝             | Street Addr       | ess (P.O. Box Numb                          | er is Not Accepta  | ble)                                  |           |             |          |
| 760 JEFFERSON AVE #3               |   |            |                         |                             |               | Oli Odt / taa.    |   |                    |                                       |           |             |          |
| MIAMI BEACH PC 33135               |   |            | 83                      |                             |               |                   |   |                    |                                       | •         |             |          |
|                                    | Non Cuoise  |            |                         | 84                          | -             | City              |   | <del></del>        | FL                                    | 85 Z      | p Code      | 29       |
|                                    | 60 047.050  | 1.04       | 17.4500 Ft. 31. 04-4-4- | - the - l                   | L             |                   | antion automita thin                        | otatoment for the  |                                       | changing  | ite ragist  | ered     |
| 11. Pursuant office or i           | to the provisions of Sections 617.050 registered agent, or both, in the State am familiar with, and accept the obliga | of Florid  | a. Such change was au   | s, the above<br>thorized by | th            | named corporation | on's board of directo                       | rs. I hereby accep | t the appoi                           | ntment as | registere   | biolog   |
| agent. I a                         |   | itions of, | Section 617.0503, Flori | da Statutes                 | 1             | 9                 |   |                    | 1 Z                                   | a         | 9           |          |
| SIGNATURE                          | F.E.KNAUG   |            | applicable (NOTE:       | (6.1                        | <u> </u>      | noc               | d when reinstating)                         |                    | / - O                                 |           |             |          |
| 12.                                | Signature, typed or printed name of registered ager OFFICERS AN   |            |                         | 13.                         | II S          | Margine required  |   | HANGES TO OFF      | ICERS AN                              | D DIREC   | TORS IN     | 12       |
| TITLE                              | DP  | TO DITAL   | DELETE                  | 1.1 TITLE                   |               |                   | <u> </u>                                    |                    |                                       | ☐ Chang   | je 🔲 i      | Addition |
| NAME                               | ARVELO, EDGAR   |            |                         | 1.2 NAMÉ                    |               |                   |   |                    |                                       |           |             |          |
| STREET ADDRESS                     |   |            |                         | 1.3 STREE                   | TΑ            | ADDRESS           |   | •                  |                                       |           |             |          |
| CITY-ST-ZIP                        | MIAMI BEACH FL 33139-8565   |            |                         | 1.4 CITY-S                  |               |                   |   | •                  |                                       |           |             |          |
| TITLE                              | DVP   |            | ☐ DELETE                | 2.1 TITLE                   |               |                   |   |                    |                                       | Chang     | је 🗀        | Addition |
| NAME                               | MILLER, RICHARD   |            |                         | 2.2 NAME                    |               |                   |   | <b>v</b>           |                                       |           |             |          |
| STREET ADDRESS                     | 155555001 415 544   |            |                         | 2.3 STREE                   | ŤΑ            | ODRESS            | •   |                    |                                       | •         |             |          |
| CITY-ST-ZIP                        | MIAMI BEACH FL 33139-8565   |            |                         | 2.4 CITY-5                  | ST-           | - ZIP             |   |                    |                                       |           |             |          |
| TITLE                              | DST   |            | □ DELETE                | 3.1 TITLE                   |               |                   |   |                    |                                       | Chang     | je 🗀 .      | Addition |
| NAME .                             | KNAUB, F E  |            |                         | 3.2 NAME                    |               |                   |   |                    |                                       |           |             |          |
| STREET ADDRESS                     | 760 JEFFERSON AVE €13   |            |                         | 3.3 STREE                   | ŤΑ            | DDRESS            | #3  |                    |                                       |           |             |          |
| CITY-ST-ZIP                        | MIAMI BEACH FL 33139-8565   |            |                         | 3.4, CITY-5                 | ST-           | -ZIP              |   | <u> </u>           |                                       |           |             | 1111     |
| TITLE                              |   |            | ☐ DELETÉ                | 4.1 TITLE                   |               |                   |   |                    |                                       | Chan      | ge. ∐.      | Addition |
| NAME                               |   |            |                         | 4. 2 NAME                   |               |                   |   |                    |                                       |           |             |          |
| STREET ADDRESS                     |   |            |                         | 4.3 STREE                   | TΑ            | ODRESS            |   |                    |                                       |           |             |          |
| CITY-ST-ZIP                        |   |            |                         | 4.4 CITY-S                  | T-2           | ZIP               |   |                    |                                       |           |             | A alathi |
| TITLE                              |   |            | ☐ DELETE                | 5.1 TITLE                   |               | ŀ                 |   |                    | •                                     | Chang     | je ∐.       | Addition |
| NAME                               |   |            |                         | 5.2 NAME                    |               |                   |   |                    | •                                     |           |             |          |
| STREET ADDRESS                     | 1   |            |                         | 5.3 STREE                   |               |                   |   |                    |                                       |           |             |          |
| CITY-ST-ZIP                        |   |            | ☐ DELETE                | 5.4 CITY-S<br>6.1 TITLE     | 1-2           | UP                |   | <u> </u>           |                                       | ☐ Chan    | ,           | Addition |
| TITLE                              |   |            | FT DEFE IF              | 6.2 NAME                    |               |                   |   | -                  |                                       |           | <b>,</b> □, |          |
| NAME                               |   |            |                         | 6.3 STREE                   | T 4           | ADODESS.          |   |                    | •                                     |           |             |          |
| STREET ADDRESS                     | ·   |            |                         |                             |               | 1                 |   |                    |                                       |           |             |          |
| CITY-ST-ZIP                        | 1   |            |                         | 6.4 CITY-S                  | J-,           | 21P               |   |                    |                                       |           |             |          |

14. I 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP