

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002878 (4)**

1. Corporation Name

SOUTH FLORIDA ROOF DECK ASSOCIATION, INC.



Principal Place of Business	Mailing Address
3389 SHERIDAN STREET SUITE 114 HOLLYWOOD FL 33031	3389 SHERIDAN STREET SUITE 114 HOLLYWOOD FL 33031

3. Date Incorporated or Qualified

05/31/1996

4. FEI Number

65-0670843

Applied For
Not Applicable

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

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**AUSTIN, C R
6950 CYPRESS ROAD
#101
PLANTATION FL 33317**

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	EWART, PETER M	
STREET ADDRESS	% 3389 SHERIDAN ST. SUITE 114	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, JOSE	
STREET ADDRESS	% 3389 SHERIDAN ST. SUITE 114	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ROSAS, TONY	
STREET ADDRESS	% 3389 SHERIDAN ST. SUITE 114	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BARKER, JOHN	
STREET ADDRESS	% 3389 SHERIDAN ST. SUITE 114	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HALL, FRED
4.3 STREET ADDRESS	c/o 3389 SHERIDAN ST #114
4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33021

TITLE	D	<input type="checkbox"/> DELETE
NAME	BRUDER, BRUCE	
STREET ADDRESS	% 3389 SHERIDAN ST. SUITE 114	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ARMENTEROO, JORGE	
STREET ADDRESS	% 3389 SHERIDAN ST. SUITE 114	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

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 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:

Kathleen O'Gorman KATHLEEN O'GORMAN 4-17-98 954-894-7188

CR2E037 (10/97)