SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600005554 (8)

STUART'95 PLAZA PROPERTY OWNERS' ASSOCIATION, IN

MARVIN ROSENBERG 125 CHATEAUX DR PALM BEACH FL 33480

SIGNATURE:

Principal Place of Business

2. Principal Place of Business

Malling Address

2a. Mailing Address

WMARVIN ROSENBERG 125 CHATEAUX DR

PALM BEACH FL 33480

-073733

3. Date incorporated or Qualified

APPLIED FOR 65

5. Certificate of Status Desired

<u>10/28/1996</u>

4. FEI Number

FILED

Oct 01 1998 8:00am3

Secretary of State

Applied For

Not Applicable

\$8.75 Additional

		[26]		Fee Required
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & Stat	te	City & State		
23		28		7. Is this nonprofit corporation a homeowners association? Yes No
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
4	25	29	30	Personal Property Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent	81 Name to A	10. Name and Address of New Registered Agent
		mis Kosahani		
LEWIS, VE	GOSEN, ROSENBACH & SILBER,	P.A.	B2 Street Add	ress (P.O. Box Number is Not Acceptable)
%DEAN VEGOSEN, ESQUIRE			17	5 Charaux Inv-2-
	STRALIAN AVE		83	
WEST PAIN REACH EL 33401				
·			84 City Pal	n Beach FL 85 Zip Code 33480
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 jamiliar with, and accept the obligation of, section 617.0503, Florida Statutes.				
10-6				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algorithms reinstating)				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE	Change Addition
NAME	ROSENBERG, MARVIN	—	1.2 NAME	Ottorige Accilion
STREET ADDRESS	125 CHATEAUX DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480		1.4 CITY-ST-ZIP	
TITLE	D	DELETE	2.1 TITLE	
NAME	SWEREN, MARTIN	[] DELETE	2.2 NAME	Change Addition
STREET ADDRESS	%322-B RYAOL POINCIANA PLAZ	' A	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	^	2.4 CITY-ST-ZIP	
TITLE	D	DELETE	3.1 TITLE	Dolars Dadding
NAME	LEVIN, STEPHEN A	C'1 DEFETE	3.2 NAME	Change Addition
STREET ADDRESS	%322-B RYAOL POINCIANA PLAZ	'Δ	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	**	3.4 CITY-ST-ZIP	
TITLE	77 mm 4 DE 1011 1 E 00 100	DELETE	4.1 TITLE	
NAME		☐ pereie	4.2 NAME	Change Addition
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
FITLE		DELETE	5.1 TITLE	
NAME		[] ocrese	5.2 NAME	600002653956 Li Addition
TREET ADDRESS			5.3 STREET ADDRESS	-10/02/98010080 3 1
CITY-ST-ZIP			5.4 CITY-ST-ZIP	***61,25
TITLE		DELETE	6.1 TITLE	F=-1
IAME			6.2 NAME	Change Addition
TREET ADDRESS			8.3 STREET ADDRESS	\sqrt{N}
CITY-ST-ZIP				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	ertify that the information supplied with ti	is filing does not qualify for th	6.4 City-St-ZiP	tion 119 07/3Vi) Florida Statutes I further codify that the information
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 diffect or flye corporation or the foceign 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 in ghanged, or on an attackment with an address.				

AME OF SIGNING OFFICER OR DIRECTOR