

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 30, 1999 8:00 am**  
**Secretary of State**

03-30-1999 90009 037 \*\*\*\*61.25

0035068

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N98000005026**

1. Corporation Name  
**THE METROPOLITAN CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business SUITE 103 20803 BISCAYNE BLVD. AVENTURA FL 33180	Mailing Address SUITE 103 20803 BISCAYNE BLVD. AVENTURA FL 33180
---	---



21	2. Principal Place of Business	2a	2a. Mailing Address	3	3. Date Incorporated or Qualified 09/01/1998
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4	4. FEI Number <i>Applies for</i>
23	City & State	27	City & State	5	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	28	Zip	6	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WOLFE, LEON J NATIONSBANK TOWER AT INTERNATIONAL PLACE 100 SOUTHEAST SECOND STREET, SUITE 3500 MIAMI FL 33131				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TACHER, ROBERTA		1.2 NAME				
STREET ADDRESS	20803 BISCAYNE BLVD., SUITE 10		1.3 STREET ADDRESS				
CITY-ST-ZIP	AVENTURA FL 33180		1.4 CITY-ST-ZIP				
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	SEMLER, DANIEL R		2.2 NAME				
STREET ADDRESS	20803 BISCAYNE BLVD., SUITE 10		2.3 STREET ADDRESS				
CITY-ST-ZIP	AVENTURA FL 33180		2.4 CITY-ST-ZIP				
TITLE	VSTD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition		
NAME	ACKERMAN, ROBERT C		3.2 NAME				
STREET ADDRESS	20803 BISCAYNE BLVD., SUITE 10		3.3 STREET ADDRESS				
CITY-ST-ZIP	AVENTURA FL 33180		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED 3-9-99 305 935 0255  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (1/1/98)