

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 14 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 719117 (4)

1. Corporation Name

RENE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7634 "E" S.W. 55 AVENUE  
MIAMI FL 331437634 "E" S.W. 55 AVENUE  
MIAMI FL 331433. Date Incorporated or Qualified  
03/09/19703a. Date of Last Report  
07/03/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, BARBARA M  
7721 SW 58TH AVE  
MIAMI FL 33143

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	D	<input checked="" type="checkbox"/> DELETE
NAME	MARIN, CARLOS	
STREET ADDRESS	7634 SW 55TH AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRUNNER, DAVID	
STREET ADDRESS	5510 SW 76TH ST.	
CITY - ST - ZIP	MIAMI FL 33143	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PADRON, JIM	
STREET ADDRESS	5530 SW 76TH STREET	
CITY - ST - ZIP	MIAMI FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ASGEIRSON, JOHN	
STREET ADDRESS	5510 SW 76TH ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LIVINGSTONE, MATTHEW	
STREET ADDRESS	7735 SW 56TH AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LACHOWSKI, RICHARD	
STREET ADDRESS	7621 SW 56TH AVE.	
CITY - ST - ZIP	MIAMI FL 33143	

1.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BARBARA M. GONZALEZ	
1.3 STREET ADDRESS	7721 SW 56 AVE	
1.4 CITY - ST - ZIP	MIAMI FL 33143	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RICHARD O'ROURKE	
2.3 STREET ADDRESS	5530 SW 76 ST.	
2.4 CITY - ST - ZIP	MIAMI FL 33143	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SANJAY ROY	
3.3 STREET ADDRESS	7734 SW 55 AVE.	
3.4 CITY - ST - ZIP	MIAMI FL 33143	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JANET PADRON	
4.3 STREET ADDRESS	7621 SW 56 AVE.	
4.4 CITY - ST - ZIP	MIAMI FL 33143	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MIKE GORMAN	
5.3 STREET ADDRESS	7735 SW 55 AVE.	
5.4 CITY - ST - ZIP	MIAMI FL 33143	
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:

Barbara M. Gonzalez, Secretary/Treasurer 2/10/97 (305) 661-5952

CR2E037 (9/96)