

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 9:18

DOCUMENT # 721013 (1)

1. Corporation Name
LAKE HILDA ASSOCIATION, INC.

Principal Place of Business Mailing Address
13902 CROOKED PALM CT 13902 CROOKED PALM CT
MIAMI LAKES FL 33014 MIAMI LAKES FL 33014
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/24/1971 3a. Date of Last Report 03/10/1994
4. FEI Number 23-7117328 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 25 Country 29 Zip 30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MULLER, SHIRLEY
13902 CROOKED PALM CT
MIAMI LAKES FL 33014

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NAVARRO, PEDRO E
STREET ADDRESS	6736 CROOKED PALM TERR
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	VD
NAME	RODRIGUEZ, ARMANDO
STREET ADDRESS	6751 CROOKED PALM TERR
CITY-ST-ZIP	MIAMI LAKES, FL 00000
TITLE	TD
NAME	MULLER, SHIRLEY
STREET ADDRESS	13902 CROOKED PALM CT
CITY-ST-ZIP	MIAMI LAKES FL
TITLE	SD
NAME	BRANIELLA, JOSE
STREET ADDRESS	6772 CROOKED PALM TERR
CITY-ST-ZIP	MIAMI LAKES, FL 00000
TITLE	S
NAME	BRANIELLA, ZOILA
STREET ADDRESS	6772 CROOKED PALM TERR
CITY-ST-ZIP	MIAMI LAKES, FL 00000
TITLE	D
NAME	RAMOS, CLARY
STREET ADDRESS	6741 CROOKED PALM TERR
CITY-ST-ZIP	MIAMI LAKES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SD Carol T. Fisher
4.3 STREET ADDRESS	6789 Crooked Palm Lane
4.4 CITY-ST-ZIP	Miami Lakes, FL 33014
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Please Delete
5.3 STREET ADDRESS	(No longer a board member)
5.4 CITY-ST-ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

[Handwritten Signature]

Pedro E. Navarro

1/13/95

(305) 362-7598

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #