## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

101

1. Corporation Name 729906 (2) EL MIRAMAR CONDOMINIUM ASSOCIATION, INC.								
Principal Place	of Business	Mailing Address	······································			JSS <b>818</b> 88 B1888 1		fii <b>6</b> 1 <b>6</b> 11 1 <b>66</b> 1
C/O TPS MANAGEMENT P. O. BOX 661554 MIAMI SPRINGS FL 33266		C/O TPS MANAGEMENT P. O. BOX 681554 MIAMI SPRINGS FL 33268-1554						
MIAMI SPHINGS	FL 33200	MIAMI SENINGS EE 33200-13	) <del>)  </del>		3. Date Incorporated or Qualified 03/23/1973		of Last Re 1/17/199	
2. Principal Pl	ace of Business	2a. Mailing Address 26			4. FEI Number 65-0343593			plied For Applicable
Suite, Apt. (	¥, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	Additional
City & State	)	City & State		<del></del>	6. Election Campaign Financing	·····	\$5.00	<del></del>
23		28			Trust Fund Contribution		Added to	
Zip	Country	Zip	Country		8. This corporation has liability for in	ntangible ta Yes 🏻		199.032,
24	9. Name and Address of Current		30		Florida Statutes  10. Name and Address of New Re			
	3. 114.114		81 N	ame				
S.K.R.L.D	).		<b>B2</b> S	treet Aridre	ss (P.O. Box Number is Not Acceptab	le)	···-	
	HAMBRA CIRCLE, STE. 1102				as (i .o. box rumbor is not neceptab			
CORAL (	SABLES FL 33134		83					
			84 C	ity	······································	FL	<b>85</b> Zip (	Code
11. Pursuant I office or re agent I a	o the provisions of Sections 617.0502 egistered agent, or both, in the State of n familiar with, and accept the obliga	and 617.1508, Florida Statutes of Florida. Such change was au- tions of, Section 617.0503, Flor	s, the above-na thorized by the ida Statutes.	med corpo corporation	ration submits this statement for the p on's board of directors. I hereby accep	urpose of c t the appoir	hanging its	s registered registered
SIGNATURE	Signature, typed or printed name of registered agen	and title if explicable. (NOTE:	Registered Agent si	anatura reguires	1 when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		IRECTOR	S IN 12
Title	DVP	☐ DELETE	1.1 TATLE				Change	Addition
NAME	PARKER, DEWEY		1.2 NAME	ļ				
STREET ADDRESS	1012 SAN PEDRO AVE.		1.3 STREET ADE	· · · · · · · · · · · · · · · · · · ·				
CITY-SI-ZIP TITLE	CORAL GABLES FL			P		Г	Change	Addition
NAME			2.2 NAME			•	_ onungo	
STREET ADDRESS	10641 SW 21 LANE		2.3 STREET ADD	ress				
CITY-ST-ZIP	MIAMI FL		2. 4 CITY+ST-ZIP					
TITLE	TSD	DELETE	3.1 TITLE				Change	Addition
NAME	REY, KATE		3.2 NAME					
STREET ADDRESS	2300 SW 3 AVE, APT 18		3.3 STREET ADO	· \				
CITY-ST-ZIP TITLE	MIAMI FL 33129	DELETE	3.4. CITY-ST-2 4.1 TITLE	<del>"</del>			Change	Addition
NAME			4. 2 NAME	Ì				
STREET ADDRESS			4.3 STREET ADD	RESS				
CITY-S1-ZIP			4.4 CITY-ST-Z	Р				
TITLE		DELETE	5.1 TITLE				Change	Addition
NAME			5.2 NAME	1	•			
STREET ADDRESS			5.3 STREET ADD	ŧ				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - Z	P	<u>, , , , , , , , , , , , , , , , , , , </u>		Change	☐ Addition
NAME			6.2 NAME	1		b.,	<sub>ar</sub> unungo	AUGROR
STREET ADDRESS			6.3 STREET ADO	RESS				
CITY-ST-ZIP			6.4 CITY-ST-Z					
	by certify that the information supplied	with this filing does not qualify			in Section 119.07(3)(i), Florida Statute my signature shall have the same lega	s. I further o	ertify that	the
I am an o	fried on this allitual report of sifficer or director of the corporation or a Block 12 or Block 13 it manged, or	the receiver or trustee empowe	red to execute	this report	as required by Chapter 617, Florida S	itatutes; and	I that my n	ame

**FILED** 

Apr 18 1997 8:00am

Secretary of State