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03-22-1999 90104 033 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 725906

1. Corporation Name

EL MIRAMAR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O TPS MANAGEMENT  
P. O. BOX 661554  
MIAMI SPRINGS FL 33266

Mailing Address

C/O TPS MANAGEMENT  
P. O. BOX 661554  
MIAMI SPRINGS FL 33266



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

03/23/1973

4. FEI Number

65-0343593

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

S.K.R.L.D.  
201 ALAHAMBRA CIRCLE, STE. 1102  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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

TITLE DVP  
NAME PARKER, DEWEY  
STREET ADDRESS 850 SAN PEDRO AVE  
CITY-ST-ZIP CORAL GABLES FL  
 DELETE

TITLE DP  
NAME RIOS, MARCO  
STREET ADDRESS 2300 SW 3RD AVE., #3  
CITY-ST-ZIP MIAMI FL 33129  
 DELETE

TITLE TSD  
NAME REY, KATE  
STREET ADDRESS 2300 SW 3 AVE, APT 18  
CITY-ST-ZIP MIAMI FL 33129  
 DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
 Change  Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
 Change  Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
 Change  Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
 Change  Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
 Change  Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
 Change  Addition

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:

*Katherine Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99

Date

Daytime Phone #

305-593-2295

0095623

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