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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Jan 23 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

726850

(1)

CALUMET CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address											
1281 W. 29TH STREET #4		1281 W. 29TH STREET #4									
HIALEAH FL 330	M2	HIALEAH FL 33012-5502				3. Date Incorporated or Qualified 07/03/1973	3a. D	ate of Last R 04/26/19	teport 96		
2. Principal Pl	ace of Business	2a. Mailing Add	2a. Mailing Address				4. FEI Number		Ar	oplied For	
21		26				NOT APPLICABLE	<u></u>		ot Applicable		
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional		
22		27								equired	
City & State	9	City & State					6. Election Campaign Financing	_		May Be	
23	Country	Zip Country				Trust Fund Contribution			to Fees		
Zip	25	29	30			8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes					
24	9. Name and Address of Currer		[30]	T		<u>_</u>	0. Name and Address of New I				
				81	Name						
GARCIA,	AMELIA				O: .	<u> </u>	(5 0 B N) : No. 1				
	ST 29TH STREET		82 Street Ac			Address	ldress (P.O. Box Number is Not Acceptable)				
UNIT 4	or Low officer		83								
	FL 33012		_						-1221		
* * * * * * * * * * * * * * * * * * *				84	City			FL	_ 85 Zip	Code	
11. Pursuant I office or re agent I as	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 617.1508, Flore of Florida, Such characteristics of, Section 617	ida Statutes, th nge was autho 7.0503, Florida	ne above prized by Statutes	named the cor	d corporation's	ition submits this statement for the s board of directors. I hereby acc	purpose of ept the ap	of changing it pointment as	ts registered registered	
- CIGITATIONE	Signature, typicd or printed name of registered ag	ont and title if applicable			nt signatur	e required wi	hen reinstating)	DATE			
12.	OFFICERS AN	ID DIRECTORS		13.		T	ADDITIONS/CHANGES TO OF	ICERS AN	· • • · · · · · · · · · · · · · · · · ·		
TITLE	D	∟ և		1.1 TITLE					☐ Change	Addition	
NAME	GARCIA, AMELIA	- 44		1.2 NAME							
STREET ADDRESS	1281 W. 29TH STREET, UNIT	#4		1.3 STREET							
CITY - ST - ZIP	HIALEAH FL 33012			1.4 CITY - S 2.1 TITLE	T - ZIP	 			Change	Addition	
THILE	GUELMES, CARMEN	1J U	1						C. Criange		
NAME	1281 W. 29TH ST., STE. 16			2.2 NAME	ADDDECC						
STREET ADDRESS	HIALEAH FL 33012			2.3 STREET							
CITY+ST+ZIP TITLE	VD VD			2. 4 CITY - 5 3.1 TITLE	SI-TIL		······································		Change	Addition	
NAME	FERNANDEZ, ERASMO			3.2 NAME							
STREET ADDRESS	1281 W. 29TH ST., STE. 23			3.3 STREET	ADDRESS						
CITY - ST - ZIP	HIALEAH FL 33012		•	3.4. CITY-5							
TITLE		£		4.1 TITLE					Change	Addition	
NAME				4. 2 NAME							
STREET ADDRESS				4.3 STREET	ADDRESS						
CITY+ST+ZIP				4.4 CITY - S	1-ZIP						
TITLE			ELETE	5.1 TITLE	-				☐ Change	Addition	
NAME				52 NAME		İ					
STREET ADDRESS				5 3 STREET	ADDRESS						
CHTY - ST - ZIP		······································		54 CITY-S	T-ZIP		<u> </u>				
TITLE		ī	ELETE	6.1 TITLE					Change	Addition	
NAME				6.2 NAME							
STREET ADDRESS				6.3 STREET	ADDRESS						
CHTY - ST - ZIP				6.4 CITY - S		<u> </u>	0 0 110 07/0 00 11 -: :				
informatio	by certify that the information supplie on indicated on this armual report or fficer or director of the corporation on In Block 12 or Block 13 if changed o	supplemental annual or the receiver or truste	report is true a	and accu	irate an	d that my	signature shall have the same le	gal effect a	as if made un	nder oath; that	