FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

FILED										
Feb 03 1998 8:00am										
Secretary of State										

<u>F</u>	OCUMENT Corporation Name	# 726850) (1)				-					
CALUMET CONDOMINIUM ASSOCIATION, INC.												
Principal Place of Business Mailing Address							- 1 INDRIIN CONER IIDIN BIERD IDINK BIERD IDINK BIERL BIERL BANK BANK BANK BINK BINK BIRK BIRK BIRK BIRK BIRK P					
1281 W. 29TH STREET #4 HIALEAH FL 33012			1281 W. 29TH STREET #4 HIALEAH FL 33012				3. Date Incorporated or Qualified 07/03/1973					
							4. FEI Number Applied For NOT APPLICABLE Not Applicable					
2. 21	Principal Place of Busin	ness	2a. Mailing Address 26				5. Certificate of Status Desired S8.75 Additional Fee Required					
22	Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
23	City & State		City & State				7. Is this nonprofit corporation a homeowners association? Yes No					
24		Country 25	Zip 29	30 Cou	intry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
					81	Name						
GARCIA, AMELIA 1281 WEST 29TH STREET UNIT 4 HIALEAH FL 33012				82 Street Address (P.O. Box Number is Not Acceptable)								
				83								
···· ··· ·					84	City	FL 85 Zip Code					
11.	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.											

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 applications	ole. (NOTE: F	legistered Agent signature r	equired when reinstation)	DATE						
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12					
TITLE	D	DELETE	1.1 TITLE			Change	Addition				
NAME	GARCIA, AMELIA		1.2 NAME								
STREET ADDRESS	1281 W. 29TH STREET, UNIT #4		1.3 STREET ADDRESS								
CITY-ST-ZIP	HIALEAH FL 33012		1.4 CITY-ST-ZIP								
TITLE	T	☐ DELETE	2.1 TITLE			☐ Change	Addition				
NAME	GUELMES, CARMEN '		2.2 NAME								
STREET ADDRESS	1281 W. 29TH ST., STE. 16		2.3 STREET ADDRESS	£	E P. N						
CITY-ST-ZIP	HIALEAH FL 33012		2. 4 CITY-ST-ZIP								
TITLE	VD	☐ DELETE	3.1 TITLE			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-ST-ZIP								
TITLE		☐ DELETE	4.1 TITLE			Change	Addition				
NAME			4. 2 NAME								
STREET ADDRESS			4.3 STREET ADDRESS								
CITY-ST-ZIP			4.4 CITY-ST-ZIP				İ				
TITLE		DELETE	5.1 TITLE			Change	☐ Addition				
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREET ADDRESS								
CITY-ST-ZIP			5.4 CITY-ST-ZIP				1				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition				
NAME			6.2 NAME				ļ				
STREET ADDRESS			6.3 STREET ADDRESS				ſ				
CITY OT 7ID			CACIDI CT 70								

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.

SIGNATURE:

305-833-1345