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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90032 045 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 726850

1. Corporation Name
CALUMET CONDOMINIUM ASSOCIATION, INC.

125313 90032 1 45 3 *

Principal Place of Business
 1281 W. 29TH STREET #4 HIALEAH FL 33012

Mailing Address
 1281 W. 29TH STREET #4 HIALEAH FL 33012



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/03/1973
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	NOT APPLICABLE
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GARCIA, AMELIA 1281 WEST 29TH STREET UNIT 4 HIALEAH FL 33012	81 Name <i>Felix Rodriguez</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>1281 West 29th #</i> 83 <i># 6</i> 84 City <i>Hialeah</i> FL 85 Zip Code <i>33012</i>

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 *Felix Rodriguez (President)* DATE *1/25/99*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signatures require a notary seal when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D GARCIA, AMELIA	1.2 NAME	<i>(President) Felix Rodriguez</i>
STREET ADDRESS	1281 W. 29TH STREET, UNIT #4	1.3 STREET ADDRESS	<i>1281 West 29th #6</i>
CITY-ST-ZIP	HIALEAH FL 33012	1.4 CITY-ST-ZIP	<i>Hialeah, FL 33012</i>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T GUELMEZ, CARMEN	2.2 NAME	
STREET ADDRESS	1281 W. 29TH ST., STE. 16	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD 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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Felix Rodriguez (President)* DATE: *1/25/99* 305-558-2263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)