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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARIMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 728978

1. Corporation Name

Thousand Aines Homeowners Association, Inc

Mailing Address

Apr 20, 1999 8:00 am Secretary of State

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| r illicipal riace                                           |                                                                                    | Maining / touress              |                        |                   |                                       |                   |                |              |
|-------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------|------------------------|-------------------|---------------------------------------|-------------------|----------------|--------------|
| c/o Fred Forgang Clo Fred Furga<br>12824 6W108 Ave 12824 6W |                                                                                    |                                |                        |                   | Ì                                     |                   |                |              |
| 12824 SW108 Ave 12824 SW                                    |                                                                                    |                                |                        | Ave               |                                       |                   |                |              |
| M                                                           | ami, FC 33176                                                                      | Miami,                         |                        |                   |                                       |                   |                |              |
| )                                                           |                                                                                    |                                |                        |                   | •                                     |                   |                |              |
|                                                             |                                                                                    | T B. 44 W. Add                 |                        |                   | 3. Date incorporated or Qu            | alifod            |                |              |
| <u> </u>                                                    | lace of Business                                                                   | 2a. Mailing Address            |                        |                   |                                       |                   |                | ĺ            |
| 21                                                          | <del></del>                                                                        | 26                             |                        |                   | 3/14/1                                | 177               |                |              |
| Suite, Apt.                                                 | #, etc.                                                                            | Suite, Apt. #, etc.            |                        |                   | 4. FEI Number 59-17084                | 77                | <u> </u>       | olied For    |
| 22                                                          |                                                                                    | 27                             |                        |                   | 31-17001                              |                   |                | Applicable   |
| City & State                                                |                                                                                    | City & State                   | City & State           |                   | 5. Certifcate of Status Des           | ired 🗌            | \$8.75 A       |              |
| 23                                                          |                                                                                    | 28                             |                        |                   |                                       |                   | Fee Rec        | <u>`</u> —   |
| Zip Country Country                                         |                                                                                    | <sup>1</sup>                   | Zip ——————Country ———— |                   | 6. Election Campaign Fina             | ncing .           | -⇒\$5:00°      |              |
| 24                                                          | 25]                                                                                |                                | 10)                    |                   | Trust Fund Contribution               |                   | Added to       | Fees         |
|                                                             | 9. Name and Address of Current                                                     | Registered Agent               |                        | T M               | 10. Name and Address of               | New Registered    | Agent          |              |
| Canl                                                        | os M. Trueba                                                                       |                                | 81                     | Name              | MICHAEL E. REI                        | IR .              |                | 1            |
| 1985 NW 88 GOINT                                            |                                                                                    |                                | 82                     | Street            |                                       |                   |                |              |
| , , , ,                                                     |                                                                                    |                                |                        |                   | Address (P.O. Box Number is Not A     | . DE LEO          | N BLV          | //)          |
| Suite 101<br>Miami, FL 33172                                |                                                                                    |                                | 83                     |                   | SUITE 30                              | 1                 |                |              |
| /6/12                                                       | imi, i'c ssii                                                                      |                                | 84                     | City              | RAL GABLES                            | FL                | 85 Zip C       | iode<br>146  |
| 11. Pursuant                                                | to the provisions of Sections 617.0502                                             | and 617.1508, Florida Statutes | the abov               | e-named           | corporation submits this statement    | or the purpose of | f changing its | registered   |
| office or r                                                 | egistered agent, or both, in the State of familiar with, and accept the obligation | Florida, Such change was aut   | horized by             | the corpo         | ration's board of directors. I hereby | accept the appo   | intment as reg | istered      |
|                                                             | X / Cartillar with, and accept the company                                         |                                | a oratore:             | ·.                |                                       | 1                 | 4115 B         | 9            |
| SIGNATURE                                                   | Signature, typed or printed name of registered agent                               |                                | tegistered Age         | nt signature re   | equired when reinstating)             | DATE              | 713/1          | <del>/</del> |
| 12.                                                         | OFFICERS AND                                                                       |                                | 13.                    |                   | ADDITIONS/CHANGES                     | O OFFICERS A      | ND DIRECTO     | RS IN 12     |
| TITLE                                                       | PD                                                                                 | DELETE                         | 1.1 TITLE              |                   | Pn                                    | <u> </u>          | ☐ Change       | Addition     |
| NAME                                                        |                                                                                    |                                | 1.2 NAME               | ļ                 | Fred Furgana<br>12824 Sw 108          |                   |                | ·            |
| STREET ADDRESS                                              | Kurzban, Maruin<br>12845 SW 107 CT                                                 |                                |                        | TADDRESS          | 12824 SW 108                          | 9ve               |                |              |
|                                                             | Miami, FC 33176                                                                    |                                | 1.4 CITY-S             |                   | Miami, FC 331                         | 76                |                |              |
| CITY-ST-ZIP                                                 |                                                                                    | DELETE                         | 2.1 TITLE              | 11-ZIF            | 5 <b>6</b> D                          | ·                 | Change         | Addition     |
| 1                                                           | About many Yours                                                                   |                                | 2.2 NAME               |                   | The Kosove                            | _                 | _ ,            | _            |
| NAME                                                        | Norman Young<br>13105 GW 108 Aug                                                   |                                |                        |                   | 12924 SW 108 H                        | va                |                | ĺ            |
| STREET ADDRESS                                              |                                                                                    |                                | •                      | T ADDRESS         | Miami, FC 331                         |                   |                | ļ            |
| CITY-ST-ZIP                                                 | MIAMI, FL 33176                                                                    |                                | 2. 4 CITY-             | ST-ZIP            | <u>-</u>                              |                   |                | * Addition   |
| TITLE                                                       | The Tanalan                                                                        | DELETE                         | 3.1 TITLE              |                   | VD L. Valabruck                       | v                 | ☐ Change       | Addition     |
| NAME                                                        | carlos Trueba                                                                      |                                | 3.2 NAME               | , . <del></del> . | Jackie Yablonsk                       | Aug.              |                | \            |
| STREET ADDRESS                                              | -12905-5W107-CT                                                                    |                                | 3.3 STREE              | T ADDRESS         | #4                                    |                   |                |              |
| CITY-ST-ZIP                                                 | Miami, FC 3317                                                                     |                                | 3.4. CITY-             | ST-ZIP            | Miami, FL 33                          | 116               |                |              |
| TITLE                                                       | ·                                                                                  | ☐ DELETE                       | 4.1 TITLE              | ,                 | TO                                    |                   | ☐ Change       | Addition     |
| NAME                                                        |                                                                                    |                                | 4. 2 NAME              |                   | JEFFREY Taub<br>13104 SW 108.         |                   |                |              |
| STREET ADDRESS                                              |                                                                                    |                                | 4.3 STREE              | T ADDRESS         | 13104 '50 108                         | que.              |                | 1            |
| CITY-ST-ZIP                                                 | •                                                                                  |                                | 4.4 CITY-S             | ST-ZIP            | Migmi, FC 3                           | 3176              |                |              |
| TITLE                                                       |                                                                                    | ☐ DELETE                       | 5.1 TITLE              |                   | 1                                     |                   | Change         | ☐ Addition   |
| NAME                                                        |                                                                                    |                                | 5.2 NAME               |                   |                                       |                   |                | 1            |
| STREET ADDRESS                                              |                                                                                    |                                | 5.3 STREE              | T ADDRESS         |                                       |                   |                | }            |
| CITY-ST-ZIP                                                 |                                                                                    |                                | 5.4 CITY-5             | IT-ZIP            |                                       |                   |                |              |
| TITLE                                                       |                                                                                    | ☐ DELETE                       | 6.1 TITLE              | -                 | <del></del>                           |                   | ☐ Change       | Addition     |
| NAME I                                                      |                                                                                    | <u> </u>                       | 6.2 NAME               | {                 |                                       |                   |                | -            |
|                                                             |                                                                                    |                                |                        | TADDRESS          |                                       |                   |                |              |
| STREET ADDRESS                                              |                                                                                    |                                | 0.0 GIREE              |                   |                                       |                   |                |              |

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 of an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP