FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

(3)

| | RHILL GARDENS TOWNHO | | INC. | · · · · · · · · · · · · · · · · · · · | | |
|---|--|--|----------------------------------|--|--|---|
| Principal Place of Business Mailing Address | | | | | | 181 6(31) 4.611 6(51) 61511 2161 (41611 61611 |
| 4101 NW 19 STREET LAUDERHILL FL 33313-7040 4101 NW 19 STREET LAUDERHILL FL 33313-7040 | | | | | | |
| | | | | | 3. Date incorporated or Qualified 03/18/1974 | 3a. Date of Last Report 03/26/1996 |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number 59-1784552 | Applied For |
| 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 00 1104002 | Not Applicable \$8.75 Additional |
| 22 27 | | | | | 5. Certificate of Status Desired | Fee Required |
| City & State City & State | | | | | 6. Election Campaign Financing | \$5.00 May Be |
| 23 | | 28 | | Trust Fund Contribution | Added to Fees | |
| Zip | Country | | | , | 8. This corporation has liability for it | |
| 24 | 25 9. Name and Address of Curre | | 30 | | Florida Statutes 10. Name and Address of New Reg | Yes No |
| | 5. Hulling End Addition of Contra | Trogistorous Agont | 81 | Name | IV. Harry and reality of How He | JIONIOU NOM |
| DALEY, SHARON M | | | | | | |
| 4101 NW 19TH ST | | | 82 | 2 Street Address (P.O. Box Number is Not Acceptable) | | |
| LAUDERHILL FL 33313 | | | 83 | | | |
| | | | 84 | City | | 85 Zip Code |
| 11. Pursuant | to the provisions of Sections 617.05 | 02 and 617.1508, Florida Statute | s, the above | e-named co | orporation submits this statement for the p | urpose of changing its registered |
| office or r | egistered agent, or both, in the Stat m familiar with, and accept the oblid | e of Florida. Such change was au pations of, Section 617,0503, Flor | uthorized by rida Statute: | y the corpor s. | orporation submits this statement for the p ration's board of directors. I hereby accep | t the appointment as registered |
| SIGNATURE | | | | | | |
| | Signature typed or printed name of registered as | | | ent signature rec | quired when reinstating) | DATE |
| 12. | PD OFFICERS AT | ND DIRECTORS DELETE | 13. | T | ADDITIONS/CHANGES TO OFFIC | Change Addition |
| NAME | MCKOY, PEARLITA | C. DECENE | 1.2 NAME | | | Car Onengo Car recition |
| STREET ADDRESS | 4101 NW 19 ST. | | 1.3 STREET | ADDRESS | | |
| CITY-S1-ZIP | LAUDERHILL FL 33313 | | 1.4 CITY - S | | | |
| 1ift.£ | \$ | ☐ DELETE | 2.1 TITLE | | | Change Addition |
| NAME | DALEY, SHARON | | 2.2 NAME | | | |
| STREET ADDRESS | 4101 NW 19 ST. | | 2.3 STREET | ADDRESS | | |
| CITY - ST - ZIP | V LAUDERHILL FL 33313 | DELETE | 2.4 CITY-: | ST-ZIP | | Change Addition |
| NAME | BROWN, SYDNEY | LJ DELLIE | 3.1 TITLE 3.2 NAME | | | El cuenta El vegigar |
| STREET ADDRESS | 4101 NW 19 ST. | | 3.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | LAUDERHILL FL 33313 | | 3.4. CITY- | | | |
| TITLE | T | DELETE | 4.1 TITLE | | | Change Addition |
| NAME | VICKERS, YVONNE | | 4. 2 NAME | | | |
| STREET ADDRESS | 4101 NW 19 ST. | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | LAUDERHILL FL 33313 | DELET | 4.4 CITY - ST - ZIP | | | |
| TITLE | D BADTIOTE COMALD | DELETE | 5.1 TITLE | | | Change |
| NAME STREET ADDRESS | BARTISTE, OSWALD 4101 NW 19 ST. | | 5.2 NAME 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | LAUDERHILL FL 33313 | | | | | |
| TITLE | D DODENHIEL 1 C 00010 | DELETE | 5.4 CITY - ST - ZIP 6.1 TITLE | | | Change Addition |
| NAME | YOUNG, MARY | | 6.2 NAME | | | |
| STREET ADDRESS | 4444 5044 44 45 | | 6.3 STREET | T ADDRESS | | |
| | I ALIDEDHILL EL 22212 | | 0.4.00714.4 | | | |

14. I do 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 a on an attachment with an address.

SIGNATURE:

FILED

May 13 1997 8:00am

Secretary of State