NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

729601

(5)

## GRATIGNY PLAZA CONDOMINIUM ASSOCIATION, INC

Principal Place of Business Mailing Address					1 105(1) 135(5 110) 2 10) 2 21) 1 21) 21)
7345 W 4TH AV	re.	7345 W 4TH AVE.			3. Date Incorporated or Qualified
APT. 408 HIALEAH FL 33014-5029		APT. 408 HIALEAH FL 33014-5029			05/07/1974
HIALEAN FL 33	014-3029	MALEAM FE 33014-3023			4- FEI Number Applied For
		1 X W / 1			59-1612846   Not Applicable
2. Principal P	lace of Business  W. 47h AVE A51408  #, etc.	2a. Mailing Address			5. Certificate of Status Desired \$8.75 Additional Fee Required
Suite Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22 HiA!	ialcah Florida 27				Trust Fund Contribution
City & State 23 330/4		City & State			7. Is this nonprofit corporation a homeowners association?
23    33 <u>/</u> Zip	Country	28	Country		This corporation owes or has paid the current year Intangible
24 25 <i>USA</i>		29 30			Personal Property Tax due June 30. Yes No
24	9. Name and Address of Current	I I			10. Name and Address of New Registered Agent
			81	Name	
SOLER, OLGA			82	Street A	Address (P.O. Box Number is Not Acceptable)
1	ST 4TH AVE. APT. 408 I FL 33014		83		
HIALEAT	1 FE 33014			-01	85 Zip Code
1			84	City	
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 oration's board of directors. I hereby accept the appointment as registered
agent, I a	egistered agent, or both, in the State t m familiar with, and accept the obligat	ions of, Section 617.0503, Flori	da Statutes	rine coib	oralibit's board or directors. Thereby accept the appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered agent OFFICERS AND		Registered Age	nt signature	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD OFFICERS AND	DELETE	1.1 TITLE		Change Addition
NAME	VEGA, MARIA		1,2 NAME		
STREET ADDRESS	7345 W 4TH AVE. #405		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33014		1.4 CITY - ST - ZIP		
TITLE	TD	DELETE	2.1 TITLE		Change Addition
NAME	SOLER, OLGA		2.2 NAME		
STREET ADDRESS	7345 W. 4TH AVE., #408		2.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33014		2. 4 CITY-ST-ZIP		To Addition
TITLE	SD	DELETE	3.1 TITLE		Change Addition
NAME	RAFAEL, VALERA		3.2 NAME		
STREET ADDRESS	7355 W 4TH AVE., #311		3.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33014	DELETE	3.4, CITY-ST-ZIP 4,1 TITLE		Change Addition
TITLE	VP		4.1 IIILE 4.2 NAME		
NAME CERTE ACCRECA	IGLESIAS, ANGEL 7345 W. 4TH AVE., #306		4.3 STREET ADDRESS		
STREET ADDRESS	HIALEAH FL 33014		4.4 CITY - ST-ZIP		
CITY-ST-ZIP TITLE	TIMELATTIC 33014	DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME	Į.	
STREET ADDRESS	•		5.3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 CITY - S	i	
TITLE	7, 20		6.1 TITLE		Change Addition
NAME			6.2 NAME	1	
			_	1	

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.

**FILED** 

Jan 22 1998 8:00am

Secretary of State