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Feb 22, 1999 8:00 am
Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 729601

1. Corporation Name

GRATIGNY PLAZA CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

7345 W 4TH AVE
APT 408
HIALEAH FL 33014-5029
US

Mailing Address

7345 W 4TH AVE.
APT. 408
HIALEAH FL 33014-5029

95657 90084 15



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	7345 W 4TH AVE APT 408	26		05/07/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	Hialeah Florida	27		59-1612846	
City & State		City & State		Applied For	
23	33014-5029	28		Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	USA	29		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	
SOLER, OLGA 7345 WEST 4TH AVE. APT. 408 HIALEAH FL 33014				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	
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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	VEGA, MARIA				
STREET ADDRESS	7345 W 4TH AVE. #405				
CITY-ST-ZIP	HIALEAH FL 33014				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	SOLER, OLGA				
STREET ADDRESS	7345 W. 4TH AVE., #408				
CITY-ST-ZIP	HIALEAH FL 33014				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	RAFAEL, VALERA				
STREET ADDRESS	7355 W 4TH AVE., #311				
CITY-ST-ZIP	HIALEAH FL 33014				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	IGLESIAS, ANGEL				
STREET ADDRESS	7345 W. 4TH AVE., #306				
CITY-ST-ZIP	HIALEAH FL 33014				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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: Olga Soler **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99 305-8236752
Date Daytime Phone #

CR2E037 (1/98)