

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

733776

LA Castellana Condominium Association, Inc.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified 1969 3a. Date of Last Report 1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Summit Property Mgmt	26 P.O. Box 189013	59-1637837	Not Applicable
Suite, Apt. #, etc	Suite, Apt. #, etc	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 P.O. Box 189013	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Plantation, FL	28 Plantation, FL	<input type="checkbox"/>	
Zip Country	Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24 -	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name	Summit Property Management
82 Street Address (P.O. Box Number is Not Acceptable)	6289 W. Sunrise Blvd.
83	#202
84 City	Sunrise, FL
85 Zip Code	33313

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	P/D Martha Soler
STREET ADDRESS		1.3 STREET ADDRESS	13390 N.E. 7th Ave.,
CITY - ST - ZIP		1.4 CITY - ST - ZIP	N. Miami Bch. / 33161
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	VP/D Ada Joseph
STREET ADDRESS		2.3 STREET ADDRESS	13390 N.E. 7th Ave., #314
CITY - ST - ZIP		2.4 CITY - ST - ZIP	N. Miami Bch. / 33161
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	S/D Sherry Islam
STREET ADDRESS		3.3 STREET ADDRESS	13390 N.E. 7th Ave., #606
CITY - ST - ZIP		3.4 CITY - ST - ZIP	N. Miami Bch., FL 33161
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	T/D Althea Sawyer
STREET ADDRESS		4.3 STREET ADDRESS	13390 N.E. 7th Ave., #414
CITY - ST - ZIP		4.4 CITY - ST - ZIP	N. Miami Bch., FL 33161
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	D Aldo Martinez
STREET ADDRESS		5.3 STREET ADDRESS	13390 N.E. 7th Ave., #415
CITY - ST - ZIP		5.4 CITY - ST - ZIP	N. Miami Bch., FL 33161
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	500001925555
STREET ADDRESS		6.3 STREET ADDRESS	-08/19/96--01028--039
CITY - ST - ZIP		6.4 CITY - ST - ZIP	***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.03(3)(b), 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.

SIGNATURE: *Martha Soler* MARTHA J. SOLER 08-01-96 891-3141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E037 (3/96)