


FILE NOW: FILING FEE IS \$61.25

FILED  
May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **733776** (9)

1. Corporation Name

**LA CASTELLANA CONDOMINIUM, INC.**

Principal Place of Business

Mailing Address

P O BOX 189013  
PLANTATION FL 33318

P O BOX 189013  
PLANTATION FL 33318-9013



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/08/1975</b>		3a. Date of Last Report <b>08/19/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-1637837</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip <b>33318</b> Country		28 Zip <b>33318</b> Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 <b>33318</b> 25		29 <b>33318</b> 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUMMIT PROPERTY MANAGEMENT, INC.**  
**6200 W SUNRISE BLVD**  
**SUITE 202**  
**SUNRISE FL 33313**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4450 W SUNRISE BLVD**  
83 **C-100**  
84 City **PLANTATION** 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

*Eric H. Sanguette* **Eric H. Sanguette, Vice Pres. - Administration** **4/11/97**

Signature, typed or printed name of registered agent and title if applicable.

(INDED Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOLER, MARTHA</b>	1.2 NAME	
STREET ADDRESS	<b>13390 NE 7TH AVE #311</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N MIAMI BEACH FL 33161</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOSEPH, ADA</b>	2.2 NAME	
STREET ADDRESS	<b>13390 NE 7TH AVE #314</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N MIAMI BEACH FL 33161</b>	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ISLAM, SHERRY</b>	3.2 NAME	
STREET ADDRESS	<b>13390 N.E. 7TH AVE. #806</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI BEACH FL 33161</b>	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAWYER, ALTHEA</b>	4.2 NAME	
STREET ADDRESS	<b>13390 NE 7TH AVE #414</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33161</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARTINEZ, ALDO</b>	5.2 NAME	
STREET ADDRESS	<b>13390 NE 7TH AVE #415</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH MIAMI FL 33161</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, or on an attachment with an address.

SIGNATURE:

*Martina Soler* **Martina Soler**

4/24/97

(305) 652-2260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0036718

CR2E037 (9/96)