

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **739797** (9)
1. Corporation Name
CARIBBEAN GARDENS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**11305 SW 200TH STREET
% MANAGER
MIAMI FL 33157**

Mailing Address
**11305 SW 200TH STREET
% MANAGER
MIAMI FL 33157**

3. Date Incorporated or Qualified **08/09/1977** 3a. Date of Last Report **04/06/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-1775656	Applied For	<input type="checkbox"/>	Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required		
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees		
24	Zip	25	Country	29	Zip	30	Country	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			
S.K.R.L.D., INC. 201 ALHAMBRA CIRCLE #1102 CORAL GABLES FL 33134				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and block if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Donna Reed <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REED, DONNA	1.2 NAME	Mimi Rodriguez
STREET ADDRESS	11307 SW 200 ST., STE. B309	1.3 STREET ADDRESS	11309 SW 200th St, C-305
CITY-ST-ZIP	MIAMI FL 33157	1.4 CITY-ST-ZIP	Miami, FL 33157
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELL, GAYE	2.2 NAME	
STREET ADDRESS	11311 SW 100 #D310	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, ELIZABETH	3.2 NAME	
STREET ADDRESS	11307 SW 200 ST #B108	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPOTTS, THERESA	4.2 NAME	
STREET ADDRESS	11311 SW 200 ST., UNIT D114	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON-SOMERS, BERYL	5.2 NAME	
STREET ADDRESS	8521 SW 184 LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, AUDREY	6.2 NAME	
STREET ADDRESS	11301 SW 200 ST #A209	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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: Sandra B. Mortham Date: 2-10-96 Daytime Phone #: 305-594-9358

CFR2E037 (12/95)