

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business C/O
P.O. Box 970650
Miami, FL 33157
% Manager
Capital Property Management, Inc.
10691 N. Kendall Drive, Suite #207
Miami, FL 33176

Date Incorporated or Qualified 08/09/1977
FEI Number 59-1775656
Applied For Not Applicable

21. Mailing Address
Suite, Apt. #, etc.
22. City & State
23. Zip Country
24. Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
Capital Property Management, Inc.
10691 N. Kendall Drive, Suite #207
Miami, FL 33176

10. Name and Address of New Registered Agent
81 Name Capital Property Management, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 10691 N. Kendall Drive, Suite 207
83
84 City Miami FL 85 Zip Code 33176

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 *Henry S. Zalkin, Resident* 6/3/98
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCNEAL, JIMMIE	
STREET ADDRESS	1130 SW 200TH STREET, C-210	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CASTELL, GAYE	
STREET ADDRESS	11311 SW 100 #D310	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	JOHNSTON, ELIZABETH	
STREET ADDRESS	11307 SW 200 ST #B108	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPOTTS, THERESA	
STREET ADDRESS	11311 SW 200 ST., UNIT D114	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, ANDY	
STREET ADDRESS	4530 SW 143RD COURT WEST	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DAVIS, AUDREY	
STREET ADDRESS	11301 SW 200 ST #A209	
CITY-ST-ZIP	MIAMI FL	

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 checked="" type="checkbox"/> Addition
2.2 NAME	VD Rhoda Bates
2.3 STREET ADDRESS	11309 SW 200 St. #C209
2.4 CITY-ST-ZIP	Miami, FL 33157
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 checked="" type="checkbox"/> Addition
4.2 NAME	D Ivan Aldana
4.3 STREET ADDRESS	11309 SW 200 St. #C215
4.4 CITY-ST-ZIP	Miami, FL 33157
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Jennifer Pope
5.3 STREET ADDRESS	11301 S.W. 200 St. #A102
5.4 CITY-ST-ZIP	Miami, FL 33157
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.

SIGNATURE: *Jimmie K. McNeal* PRESIDENT 6/11/98 254-5549

CR2E037 (10/97)