FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:07

DOCUMENT # 740966 (7)

1. Corporation Name
PARK VILLAS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5790 WEST 17 CT. HIALEAH FL 33012	5790 WEST 17 CT. HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1977	3a. Date of Last Report: 08/30/1994
4. FEI Number: 59-1893915	☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GONZALEZ, RICARDO
5790 WEST 17 CT.
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	FONSECA, MIGUEL C	1.2 NAME	Radames Diaz	
STREET ADDRESS	5765 W. 16 LANE	1.3 STREET ADDRESS	President/Director 1616 W. 57 Terrace	
CITY-ST-ZIP	HIALEAH FL 33012	1.4 CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	SD	2.1 TITLE	Secretary/Director	☒ Change ☐ Addition
NAME	RODRIGUEZ, HILDA	2.2 NAME	Olga L. Peroyani	
STREET ADDRESS	5780 W. 17 CT.	2.3 STREET ADDRESS	1692 W. 57 Terrace	
CITY-ST-ZIP	HIALEAH FL 33012	2.4 CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	TD	3.1 TITLE	Treasurer/Director	☒ Change ☐ Addition
NAME	GONZALEZ, RICARDO	3.2 NAME	Juan F. Gonzalez	
STREET ADDRESS	5790 W. 17 CT.	3.3 STREET ADDRESS	1666 W. 57 Terrace	
CITY-ST-ZIP	HIALEAH FL 33012	3.4 CITY-ST-ZIP	Hialeah, FL 33012	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: Juan F. Gonzalez 2 10 95 558 8157
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR — Date — (Daytime Phone #)
JUAN F. GONZALEZ

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