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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 33012-6862

3. Date Incorporated or Qualified: 12/06/1977
3a. Date of Last Report: 03/29/1996

2. Principal Place of Business
21 1666 WEST 57th TER
22 Suite, Apt. #, etc
23 City & State: HIALEAH FLORIDA
24 Zip: 33012
25 Country:

2a. Mailing Address
26 1666 WEST 57th TER
27 Suite, Apt. #, etc.
28 City & State: HIALEAH FLORIDA
29 Zip: 33012
30 Country:

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GONZALEZ, JUAN F
1666 WEST 57TH TERRACE
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name: Juan F. Gonzalez
82 Street Address (P.O. Box Number is Not Acceptable): 1666 West 57th Terrace
83: Hialeah
84 City: Florida FL 85 Zip Code: 33012

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: Juan F. Gonzalez January 24, 1997
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RADAMES, DIAZ		1.2 NAME	
STREET ADDRESS	1616 W 57TH TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PEROVANI, OLGA L		2.2 NAME	
STREET ADDRESS	1692 W 57TH TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, JUAN F		3.2 NAME	
STREET ADDRESS	1666 W 57TH TERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: Juan F. Gonzalez January 24 1997 (305) 558 8157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0022985