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03-04-1999 90142 026 ****61.25

0035306

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742670

1. Corporation Name

AMERICANA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

19800 S.W. 180 AVENUE
SUITE #602
MIAMI FL 33187-2610

Mailing Address

19800 S.W. 180 AVENUE
SUITE #602
MIAMI FL 33187-2610



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
04/28/1978

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2069462

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACKLEY, RICHARD
19800 SW 180TH AVE
#558
MIAMI FL 33187

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 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

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 P
NAME ESKAU, THOMAS
STREET ADDRESS 19800 S.W. 180 AVE #251
CITY-ST-ZIP MIAMI FL 33187

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME PATTENAUDE, ELIZABETH
STREET ADDRESS 19800 S.W. 180 AVE #563
CITY-ST-ZIP MIAMI FL 33187

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME JACKLEY, RICHARD
STREET ADDRESS 19800 S.W. 180 AVE #558
CITY-ST-ZIP MIAMI FL 33187

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S
NAME WALLACE, TED
STREET ADDRESS 19800 S.W. 180 AVE #384
CITY-ST-ZIP MIAMI FL 33187

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE MD
NAME PASSINO, MARK
STREET ADDRESS 19800 S.W. 180 AVE #246
CITY-ST-ZIP MIAMI FL 33187

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE MD
NAME WILCOX, BRIAN
STREET ADDRESS 19800 S.W. 180 AVE #375
CITY-ST-ZIP MIAMI FL 33187

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ted Wallace
TED WALLACE

1/27/99

Date

305-253-6025

Daytime Phone #

CR2E037 (1/198)