

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 # 751556 (2)

1. Corporation Name
SEGOVIA GARDENS CONDOMINIUM, INC.



Principal Place of Business: 2814 NW 17 AVE, MIAMI FL 33142, US
Mailing Address: 2814 NW 17 AVE, MIAMI FL 33142, US

3. Date Incorporated or Qualified: 03/14/1980
3a. Date of Last Report: 03/24/1995

2. Principal Place of Business: 21 2814 NW 17 Avenue
2a. Mailing Address: 26 2814 NW 17 Avenue

4. FEI Number: 59-2224146
Applied For: Not Applicable

22 Suite, Apt. #, etc.

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

23 City & State: Miami FL
28 City & State: Miami FL 33142

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

24 Zip: 33142, 25 Country: USA
29 Zip: 33142, 30 Country: USA

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

9. Name and Address of Current Registered Agent
WHEELER, FREDERIC W.
2814 NW 17 AVE
MIAMI FL 33142

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: Frederic W. Wheeler, Frederic W. Wheeler
Signature, typed or printed name of registered agent and block 13, signature of registered agent signature required when reinstating
DATE: 23 APR 96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	PD VARELA, MARCIE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1800 NW 19 ST #12	1 2 NAME	
STREET ADDRESS	MIAMI, FL 00000	1 3 STREET ADDRESS	
CITY-ST-ZIP		1 4 CITY-ST-ZIP	
TITLE	VD DOMINGUEZ, LUPE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2961 SW 39 AVENUE	2 2 NAME	
STREET ADDRESS	MIAMI FL	2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE	YSD WHEELER, FREDERIC W	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2814 NW 17 AVE	3 2 NAME	
STREET ADDRESS	MIAMI FL	3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE	VD COLUMBO, RODRIGUEZ	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1800 NW 19TH ST, APT #7	4 2 NAME	
STREET ADDRESS	MIAMI FL	4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: Frederic W. Wheeler, Frederic W. Wheeler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 23 APR 96
Daytime Phone #: 305-663-5397

CR2E037 (12/95)