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Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 751819 (4)  
1. Corporation Name  
TAMAMI LAKES SECTION 4 HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
8299 CORAL WAY MIAMI FL 33155 8299 CORAL WAY MIAMI FL 33155

3. Date Incorporated or Qualified  
04/01/1980

4. FEI Number 59-2070613  
Applied For Not Applicable

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

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  
PORTUONDO, JULIO GONZALEZ  
8299 CORAL WAY  
MIAMI FL 33155

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 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 \_\_\_\_\_ 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 MERLO, JOSE	1.1 TITLE	
NAME	1204 SW 136 PL	1.2 NAME	
STREET ADDRESS	MIAMI, FL 00000	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPSD LAGO, JOSE LUIS	2.1 TITLE	
NAME	921 S.W. 136TH PLACE	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD LOPEZ, SYLVIA	3.1 TITLE	
NAME	1015 S.W. 136TH PLACE	3.2 NAME	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	D MENDEZ, LOURDES
NAME		4.2 NAME	1121 S.W. 136 PL.
STREET ADDRESS		4.3 STREET ADDRESS	MIAMI, FL 33184
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	D COLLAZO, ALBERTO
NAME		5.2 NAME	1105 SW 136 PL
STREET ADDRESS		5.3 STREET ADDRESS	MIAMI, FL 33184
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: *Silvia E. Lopez* SILVIA E. LOPEZ 3-24-98 (305) 264-4250  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CF2E037 (10/97)