

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Apr 16, 1999 8:00 am  
Secretary of State

04-16-1999 90075 019 \*\*\*\*61.25

DOCUMENT #

1. Corporation Name

GARDENS OF KEY BISCAYNE ALHAMBRA ASSOCIATION, INC.

Principal Place of Business

Mailing Address

14275 SW 142 AVE  
Miami, FL 33186  
US

14275 SW 142 AVE  
Miami FL. 33186  
US

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22 City & State

City & State

59-2024768

Not Applicable

23 Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution

9. Name and Address of Current Registered Agent

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

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 ☐ DELETE  
NAME HELEN WHITE  
STREET ADDRESS 241 EAST ENID DR.  
CITY-ST-ZIP KEY BISCAYNE, FL. 33149

1.1 TITLE D ☐ Change ☐ Addition  
1.2 NAME MAURICIO ORTIZ  
1.3 STREET ADDRESS 127 EAST ENID DR.  
1.4 CITY-ST-ZIP KEY BISCAYNE, FL. 33149

TITLE VP ☐ DELETE  
NAME JOAN MCCAUGHAN  
STREET ADDRESS 207 EAST ENID DR.  
CITY-ST-ZIP KEY BISCAYNE, FL. 33149

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

TITLE T ☐ DELETE  
NAME LINDA MARKS  
STREET ADDRESS 129 EAST ENID DR.  
CITY-ST-ZIP KEY BISCAYNE, FL. 33149

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

TITLE S ☐ DELETE  
NAME JOYCE OLIVERA  
STREET ADDRESS 203 EAST ENID DR.  
CITY-ST-ZIP KEY BISCAYNE, FL. 33149

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

TITLE D ☐ DELETE  
NAME BILL DAVIS  
STREET ADDRESS 125 EAST ENID DR.  
CITY-ST-ZIP KEY BISCAYNE, FL. 33149

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

TITLE D ☐ DELETE  
NAME ENRIQUE GARCIA  
STREET ADDRESS 105 EAST ENID DR.  
CITY-ST-ZIP KEY BISCAYNE, FL. 33149

6.1 TITLE ☐ Change ☐ Addition  
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

April 7, 1999

Date

305-361-9593

Daytime Phone #

CR2E037 (1/1/98)