

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 # **757813 (1)**
1. Corporation Name
EL LAGO N.W. 7TH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
VILAR PROPERTY **VILAR PROPERTY**
305 ALCAZAR AVE. **305 ALCAZAR AVE.**
CORAL GABLES FL 33134 **CORAL GABLES FL 33134**

3. Date Incorporated or Qualified **04/30/1981** 3a. Date of Last Report **05/01/1995**
4. FEI Number **22-2368962** 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

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

9. Name and Address of Current Registered Agent
VILAR PROPERTY MANAGEMENT
305 ALCAZAR AVE.
CORAL GABLES FL 33134
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, ALEXIS	1.2 NAME	MARTINEZ, ALEXIS D
STREET ADDRESS	5505 NW 7 ST W401	1.3 STREET ADDRESS	5505 NW 7 ST W-401
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	MIAMI, FL 33126
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, HUGO	2.2 NAME	Pedro Rodriguez
STREET ADDRESS	5505 NW 7 ST UNIT W 115	2.3 STREET ADDRESS	5501 NW 7 ST E-109
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	MIAMI, FL 33126
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, LUIS F	3.2 NAME	ROSA PEREZ
STREET ADDRESS	5114 SW 8 STREET	3.3 STREET ADDRESS	5501 NW 7 ST E-202
CITY-ST-ZIP	MIAMI FL 33134	3.4 CITY-ST-ZIP	MIAMI, FL 33126
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, WILFREDO	4.2 NAME	MARGARITA Godinez
STREET ADDRESS	43991 SW 30 ST	4.3 STREET ADDRESS	5505 NW 7 ST
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI, FL 33126
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, REINALDO	5.2 NAME	
STREET ADDRESS	3121 SW 23 TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	900001888955
STREET ADDRESS		6.3 STREET ADDRESS	-07/10/96--01013--049
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***61.25

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: _____ Date **5/10/96** 305-447-9080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Alexis Martinez, Director** Daytime Phone # _____

CR2E037 (12/95)