

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 305 ALCAZAR AVE. CORAL GABLES FL 33134
%VILAR PROPERTY 305 ALCAZAR AVE. CORAL GABLES FL 33134-4314

3. Date Incorporated or Qualified 04/30/1981
3a. Date of Last Report 07/09/1996

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

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

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	MARTINEZ, ALEXIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEZ, ALEXIS	1.2 NAME	5505 NW 7 ST - W-401
STREET ADDRESS	5505 NW 7 ST., W-401	1.3 STREET ADDRESS	Miami, Fla 33126
CITY - ST - ZIP	MIAMI FL 33126	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	Rodriguez, Pedro D/S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, PEDRO	2.2 NAME	5501 NW 7 ST E -
STREET ADDRESS	5501 NW 7 ST., E-109	2.3 STREET ADDRESS	Miami, Fla
CITY - ST - ZIP	MIAMI FL 33126	2.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	Pedro SARDINAS, D/S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perez, Rosa	3.2 NAME	5501 NW 7 ST - E 109
STREET ADDRESS	5501 NW 7 ST., E-202	3.3 STREET ADDRESS	Miami, Fla 33126
CITY - ST - ZIP	MIAMI FL 33126	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	HERNANDEZ, REINALDO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GODINEZ, MARGARITA	4.2 NAME	3121 SW 23 TER
STREET ADDRESS	5505 NW 7 ST.	4.3 STREET ADDRESS	Miami Fla
CITY - ST - ZIP	MIAMI FL 33126	4.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	ANTONIO Valdes D/P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, REINALDO	5.2 NAME	Columbus Blvd
STREET ADDRESS	3121 SW 23 TERRACE	5.3 STREET ADDRESS	Coral Gables, FL 33134
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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 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 in this report or in an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # 0026971

CR2E037 (9/96)