


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION, ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **759963** (2)
1. Corporation Name
THE MOORS TOWNVILLAS MAINTENANCE ASSOCIATION, INC



Principal Place of Business 17320 NE 65 AVENUE MIAMI FL 33015	Mailing Address 17320 NE 65 AVENUE MIAMI FL 33015
---	---

3. Date Incorporated or Qualified 09/11/1981	4. FEI Number 59-2166999	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
--	------------------------------------	---	--

2. Principal Place of Business 21 17321 NW 66 CT Suite, Apt. #, etc. 22 City & State 23 Miami Florida Zip 24 33015	2a. Mailing Address 26 same Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	---

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KALLICHE, ANTHONY A.
BECKER & POLIAKOFF, PA
6161 BLUE LAGOON DR, STE 250
MIAMI FL 33126**

81 Name Anthony Kalliche	82 Street Address (P.O. Box Number is Not Acceptable) Becker & Poliakoff, P.A.	83 5201 Blue Lagoon Drive, #100	84 City Miami	85 Zip Code FL 33126
------------------------------------	--	---	-------------------------	--------------------------------

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 NAME STREET ADDRESS CITY-ST-ZIP	V/D ECONOMY, JANET 17320 NW 65 AVENUE MIAMI FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	XXXXXXXXXX V/D Janet Economy 17321 NW 66 CT Miami, FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERNANDEZ, SAL JR 17539 NW 66 CT MIAMI FL 33015 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	XXXXXXXXXX PD Sal Hernandez 17321 NW 66 CT Miami, FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELLIS, SYLVIA 17320 NW 65 AVE MIAMI FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	XXXXXXXXXX SD Sylvia Ellis 17321 NW 66 CT Miami, FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNAUGHTON, RUTH 6633 NW 183 LN MIAMI FL 33015 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	XXXXXXXXXX D Ruth McNaughton 17321 NW 66 CT Miami, FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, DAVID 17320 NW 65 AVE HIALEAH FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	XXXXXXXXXX TD David Smith 17321 NW 66 CT Miami, FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

[Signature]

JAN 29/98 769-1788 FRT 26

CR2E037 (10/97)