## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name 761003 (3)

VICTORY	GARDENS	CONDOMINIUM	ASSOCIATION.	INC.

Principal Place of Business Mailing Address



650 NE 149 ST 650 NE 149 ST MIAMI FL 33161-2279 MIAMI FL 33161-2279							3. Date Incorporated or Qualified 3a 08/09/1981			ia. Date of Last Report 03/20/1995		
2 Dringing Dis	one of Purinees	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·			1	FEI Number		NI EV	Applied For		
<u>-</u> =; ' ' ' '		26. Walling Address				"	59-2383837		-	Not Applicable		
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				<del> </del>			\$8	.75 Additional		
2	, ,	27				5.	Certificate of Status Desired			ee Required		
Gity & State		City & State		_		6.	Election Campaign Financing	П	\$!	5-00 May Be		
3		28					Trust Fund Contribution			dded to Fees		
Zip	Country	Zip	Country	y		8.	This corporation has liability for in	itangible ta:		er s. 199.032,		
4	9. Name and Address of Curre	29 Anent	30]			10	Florida Statutes L.  Name and Address of New Re					
	9. Name and Address of Conte	ant riegisteree Agent	81	Т	Name			<b>3</b> ,5,0,0,0				
TEMELO	OVITCH, MARIA											
	149 STREET		82	1	Street Addre	Address (P.O. Box Number is Not Acceptable)						
STE. 302			83	,								
	FL 33161		84	+	City				85	Zip Code		
			P**	1	City			FL	63	Zip Code		
12.		ND DIRECTORS	13.	_			ADDITIONS/CHANGES TO OFFI			<u> </u>		
	Signature typed or printed name of registered age		IOTE: Registered Age	art s	signature required	t when re		DATE OF AND	DIESE	CTORS IN 12		
TITLE	VPD	DELETE	1 1 TITLE	_					Char	nge 🔲 Addition		
NAME	DOMINGO VARGAS		1.2 NAME									
STREET ADDRESS	7508		1.3 STREE	:T A	ADORESS							
CITY-ST-ZIP	MIAMI FL 33141		1.4 CITY - 3	\$1-	-ZIP							
TITLE	TD	DELETE	2.1 TITLE					[	Cha	nge 🔲 Addition		
NAME	VALES ISABEL		2 2 NAME									
STREET ADDRESS	1015 PIZARRO ST.		2.3 STREE	ET A!	ADORESS							
CITY-ST-ZIP	CORAL GABLES FL 33134		2. 4 CITY-		Γ-ZIP			·····				
TITLE	D	DELETE	3 1 TITLE					L	Chai	nge 🔲 Addition		
NAME	RUIZ, MARIA		3 2 NAME									
STREET ADDRESS	650 NE 149 STREET, STE. 1	205	3 3 STREE									
CITY-ST-ZIP	<u>n. miami fl</u>	f"locusts	3 4. CITY-		r-ZIP				70-	D 14435-		
TITLE	D	DELETE	41 TITLE					Ĺ	Cha	nge 🔲 Addition		
NAME	LUZ SOLANO		4 2 NAME									
STREET ADDRESS	650 N.E. 149TH ST. 402A		4 3 STREE	ΞTΑ	ADDRESS							
CITY - ST - ZIP	N. MIAMI FL 33161		44 CITY -		- ZIP			······································				
TITLE	D	☐ DELETE	51 TITLE					ı.	Cha	inge 🔲 Additio		
NAME	CARLOS GODOY		5 2 NAME									
STREET ACCRESS	6725 S.W. 39TH TERRACE		5 3 STREE	ET A	ADORESS							
CITY-ST-ZIP	MIAMI FL 33135		5.4 CITY-	\$T	í-ZIP							
TITLE	D	DEFELE	6.1 TITLE						Cha	inge 🔲 Addition		
NAME	YAYA, JORGE		6.2 NAME	Ė								
STREET ADDRESS	1964 NE 25 AVENUE		6 3 STREE	ETA	ADDRESS							
CITY OF TIP	MIAMI FI		6 A CITY -	ст	( 71D							

14. Ido 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 proporation 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 15 in chapter 617, Florida Statutes, and that my name

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT

CR2E037 (12/95)