


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # 761003 (3)
1. Corporation Name
VICTORY GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
**650 NE 149 ST
MIAMI FL 33161-2279** **650 NE 149 ST
MIAMI FL 33161-2285**



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|--------------------------------|--|------------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/09/1981 | | 3a. Date of Last Report 05/21/1996 | |
| 21 | | 26 | | 4. FEI Number 59-2383837 | | Applied For Not Applicable | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 City & State | | 28 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Zip | | 29 Zip | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 25 Country | | 30 Country | | | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| TEMELCOVITCH, MARIA 650 NE 149 STREET STE. 302A N MIAMI FL 33161 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | 85 Zip Code | | | |
| | | | | FL | | | |

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 *Maria Temelcovitch* **(MARIA TEMELCOVITCH) PRESIDENT 4-10-97**
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 | VPD | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | DOMINGO VARGAS | | | 1.2 NAME | | | |
| STREET ADDRESS | 7508 | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | MIAMI FL 33141 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | TD | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | VALES ISABEL | | | 2.2 NAME | RUBES CAROL | | |
| STREET ADDRESS | 1015 PIZARRO ST. | | | 2.3 STREET ADDRESS | 650 NE 149 ST. #102A | | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | | | 2.4 CITY-ST-ZIP | No. MIAMI, FL 33161 | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | RUIZ, MARIA | | | 3.2 NAME | WELLMAN, DANIELLE | | |
| STREET ADDRESS | 650 NE 149 STREET, STE. 205 | | | 3.3 STREET ADDRESS | 5045 SW 63 AVE. | | |
| CITY-ST-ZIP | N. MIAMI FL | | | 3.4 CITY-ST-ZIP | MIAMI, FL 33155 | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | LUZ SOLANO | | | 4.2 NAME | | | |
| STREET ADDRESS | 650 N.E. 149TH ST. 402A | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | N. MIAMI FL 33161 | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | CARLOS GODOY | | | 5.2 NAME | PENA, DRISTIAN | | |
| STREET ADDRESS | 8725 S.W. 39TH TERRACE | | | 5.3 STREET ADDRESS | 650 NE 149 ST. #505F | | |
| CITY-ST-ZIP | MIAMI FL 33135 | | | 5.4 CITY-ST-ZIP | No. MIAMI, FL 33161 | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | YAYA, JORGE | | | 6.2 NAME | JIMENEZ, ROSELIO | | |
| STREET ADDRESS | 1964 NE 25 AVENUE | | | 6.3 STREET ADDRESS | 2160 BAY DRIVE #6 | | |
| CITY-ST-ZIP | MIAMI FL | | | 6.4 CITY-ST-ZIP | MIAMI BEACH, FL 33141 | | |

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 if changed or on an attachment with an address.

SIGNATURE: *Maria Temelcovitch* **(305) 944-9968**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031667

CR2E037 (9/96)