

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sanyia B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 763976 (8)

95 FEB 20 AM 11:08

1. Corporation Name
GARDEN LAKE TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
1101 S.W. 122 AVE. MIAMI FL 33184
1101 S.W. 122 AVE. MIAMI FL 33184

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/30/1982	3a. Date of Last Report 02/08/1994
4. FEI Number 59-2335769	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 ANA management Suite, Apt. #, etc. 22 5050 NW 74th Ave City & State 23 MIAMI - FL Zip 24 33166	2a. Mailing Address 25 5050 NW 74th Ave Suite, Apt. #, etc. 26 MIAMI - FL City & State 27 MIAMI - FL City & State 28 MIAMI - FL City & State 29 33166 Country 30 Dade
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9. Name and Address of Current Registered Agent
MORALES, ANICIA
1722 S.W. 84 CT.
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Anicia Morales DATE 1-16-95
Signature typed or printed name of registered agent (only if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	NIZ, MARIA
STREET ADDRESS	1121 SW 122 AVE
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	BERENGER, SONIA
STREET ADDRESS	1101 SW 122 AVE #302
CITY-ST-ZIP	MIAMI FL
TITLE	T
NAME	CALLADO, MARITZA
STREET ADDRESS	1101 SW 122 AVE #211
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BERENGER, SONIA	
1.3 STREET ADDRESS	1101 S.W. 122 Ave.	
1.4 CITY-ST-ZIP	Miami, FL. 33184	
2.1 TITLE	s / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Maritza Calladas	
2.3 STREET ADDRESS	1101 S.W. 122 Ave.	
2.4 CITY-ST-ZIP	Miami, FL. 33184	
3.1 TITLE	T / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FLEITAS, PEDRO	
3.3 STREET ADDRESS	1101 S.W. 122 Ave.	
3.4 CITY-ST-ZIP	Miami, FL. 33184	
4.1 TITLE	V.P. / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LOPEZ, ORION	
4.3 STREET ADDRESS	1101 S.W. 122 Ave.	
4.4 CITY-ST-ZIP	Miami, FL. 33184	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Sonia Berenger 1/25/95 592-3011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)