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Feb 05 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 # 763976 (8)

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



Principal Place of Business: AMA MANAGEMENT, 5050 NW 74TH AVENUE, MIAMI FL 33166, US
Mailing Address: C/O AMA MANAGEMENT SERVICES, INC., 8518 SW 8TH STREET, STE 111, MIAMI FL 33144-4053, US

3. Date Incorporated or Qualified: 06/30/1982
3a. Date of Last Report: 02/02/1996

2. Principal Place of Business: 21 AMA Management Serv., 22 6850 Coral Way #308, 23 Miami, FL 33155
2a. Mailing Address: 26 AMA Management Serv., 27 6850 Coral Way #308, 28 Miami, FL 33155

4. FEI Number: 59-2335769
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: MORALES, ANICIA, 1722 S.W. 84 CT., MIAMI FL 33155
10. Name and Address of New Registered Agent: 81 Name: Anicia Morales-AMA Management Co., 82 Street Address (P.O. Box Number is Not Acceptable): 6850 Coral Way #308, 84 City: Miami, FL, 85 Zip Code: 33155

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 fee, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Table with 5 rows and 2 columns: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox.

Table with 5 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and Change/Addition checkboxes.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, Date: Daytime Phone: 0030266

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