


FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 6850 CORAL WAY #308 MIAMI FL 33155 US**
Mailing Address: **C/O AMA MANAGEMENT SERVICES, INC. 6850 CORAL WAY #308 MIAMI FL 33155 US**

3. Date Incorporated or Qualified: **06/30/1982**
4. FEI Number: **59-2335769**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**MORALES, ANICIA
6850 CORAL WAY #308
MIAMI FL 33155**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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, whereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE: *Anicia Morales* **Anicia Morales Property Manager** 1-12-98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BERENGER, SONIA	
STREET ADDRESS	1101 SW 122ND AVENUE	
CITY-ST-ZIP	MIAMI, FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SALAZAR, BENILDE	
STREET ADDRESS	1121 SW 122 AVENUE 207	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FLEITAS, PEDRO	
STREET ADDRESS	1101 SW 122ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, ORION	
STREET ADDRESS	1101 SW 122ND AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FEBLES, EUGENIO	
STREET ADDRESS	1101 SW 122 AVE #403	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stutas Pedro	
1.3 STREET ADDRESS	1101 SW 122nd Ave	
1.4 CITY-ST-ZIP	Miami - FL	
2.1 TITLE	FD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Salazar, Benilde	
2.3 STREET ADDRESS	1121 SW 122 AVE # 207	
2.4 CITY-ST-ZIP	MIAMI - FL	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Carrillo, Susana	
3.3 STREET ADDRESS	1101 SW 122 ave # 105	
3.4 CITY-ST-ZIP	MIAMI - FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Febles, Eugenio	
4.3 STREET ADDRESS	1101 SW 122 Ave # 403	
4.4 CITY-ST-ZIP	MIAMI - FL	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Anicia Morales* **REQUIRED** 1-12-98 (305) 699850

CR2E087 (10/97)