

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 25 AM 8:09

DOCUMENT # N03869 (7)
1. Corporation Name
ALAMEDA HOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
5342 W. 23RD COURT HIALEAH FL 33016
5342 W. 23RD COURT HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/25/1984	3a. Date of Last Report 04/04/1994
4. FEI Number 59-2546851	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$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"/>	FILING FEE IS \$61.25
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	2a. Mailing Address 26 2337 W 23RD AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 HIALEAH FL
Zip 24	Country 25
Zip 29 33016	Country 30

9. Name and Address of Current Registered Agent CONDE, CLAUDIO 2306 W 53RD PL HIALEAH FL 33016				10. Name and Address of New Registered Agent	
B1 Name				B5 Zip Code	
B2 Street Address (P.O. Box Number is Not Acceptable)				FL	
B3				B4 City	
B4 City				B5 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title (if applicable) (2/21) Registered Agent signature required when reappointing

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELTRAN, CARLOS	12 NAME	
STREET ADDRESS	5337 W. 23RD AVE	13 STREET ADDRESS	
CITY ST ZIP	HIALEAH FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRERA, MIGUEL A.	22 NAME	
STREET ADDRESS	2314 W. 53RD PL	23 STREET ADDRESS	
CITY ST ZIP	HIALEAH FL	24 CITY ST ZIP	
TITLE	PD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONDE, CLAUDIO	32 NAME	
STREET ADDRESS	2306 W. 53RD PLACE	33 STREET ADDRESS	
CITY ST ZIP	HIALEAH FL	34 CITY ST ZIP	
TITLE	SD	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, ALVARO	42 NAME	
STREET ADDRESS	2312 W. 53RD PL	43 STREET ADDRESS	
CITY ST ZIP	HIALEAH FL	44 CITY ST ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: _____ DATE: **7-17-95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)