

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N13783
 1. Corporation Name
PARKSIDE OF FONTAINEBLEAU CONDOMINIUM ASSOCIATIONS, INC

Principal Place of Business 14275 SW 142 AVE Miami, FL 33186	Mailing Address % Miami MGMT INC. 14275 SW 142 AVE Miami, FL 33186 US
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21 Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1623411	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25 Country	29 Country		
30			


3. Date Incorporated or Qualified 3-11-86	3a. Date of Last Report 3-13-96
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9. Name and Address of Current Registered Agent
LUBITZ, ALAN H, ESQUIRE
LUBITZ AND FARISER
1500 SAN REMO AVE, SUITE 220
CORAL GABLES, FL 33146
US

10. Name and Address of New Registered Agent

81 Name CARLOS A TRIAY
82 Street Address (P.O. Box Number is Not Acceptable) 999 PONCE DE LEON BOULEVARD SUITE 110
83
84 City CORAL GABLES
85 Zip Code 33134

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 entering into, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE:  **7/23/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME REED, RICHARD	
STREET ADDRESS 9120 FONTAINEBLEAU BLVD, #103	
CITY-ST-ZIP MIAMI, FL 33172	
TITLE VPD	<input checked="" type="checkbox"/> DELETE
NAME ABOUARD, MAYORGA	
STREET ADDRESS 9120 FONTAINEBLEAU BLVD, # 402	
CITY-ST-ZIP MIAMI, FL 33172	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME GORGAN, EVELYN	
STREET ADDRESS 9150 FONTAINEBLEAU BLVD. # 301	
CITY-ST-ZIP MIAMI, FL 33172	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME SEEMAN, OLGA H.	
STREET ADDRESS 9120 FONTAINEBLEAU BLVD	
CITY-ST-ZIP MIAMI, FL 33172	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME MARTINEZ, OSVALDO	
1.3 STREET ADDRESS 9120 FONTAINEBLEAU BLVD. # 403	
1.4 CITY-ST-ZIP MIAMI, FL 33172	
2.1 TITLE VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME COBB, MARY	
2.3 STREET ADDRESS 9120 FONTAINEBLEAU BLVD. # 501	
2.4 CITY-ST-ZIP MIAMI, FL 33172	
3.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME GARCIA, FABIOLA	
3.3 STREET ADDRESS 9150 FONTAINEBLEAU BLVD. # 204	
3.4 CITY-ST-ZIP MIAMI, FL 33172	
4.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME MURRAY, ROBERT	
4.3 STREET ADDRESS 9110 FONTAINEBLEAU BLVD. # 401	
4.4 CITY-ST-ZIP MIAMI, FL 33172	
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 900002255279	
6.4 CITY-ST-ZIP -08/01/97--01088--008	
	***61.25

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:  **7/22/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)