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| _ | ONPROFIT RPORATION | | FLORIDA DEPA | , t | | | Feb 05 | 1998 8 | .00am |
| | JAL REPORT | | Sandra I Secreta | aru of da | ato. | 100 | | | |
| | 1998 | | DIVISION OF | CORPOR | RATIONS JA | N 0 5 199 | ^a Secre | tary of | State |
| DOCU | MENT # N17 | 7289 | (2) | ħ | CK# | NO | | | |
| 1. Corporatio | n Name | | • • | | G/L | WE T | Zata k | | |
| WESTV | VIND LAKES GARDEN | HOMES C | ondominium a | ssoc | MEPALL | <u> </u> | | 118 (811 B1811 B1811 B1811 B18 | IF ANDRE AND IT HAD |
| ION, IN | IC. | | | 1 | | | | | |
| Principal Plac | e of Business | Ma | ailing Address | | | | *************************************** | !!# !#!! \$48!! \$!#!! #!#!! #!#!! \$?#! | II 01911 01011 1901 |
| C/O THE CONTINENTAL GROUP C/O THE CONTINENTAL GRO 12079 SW 131 AVENUE 12079 SW 131 AVENUE | | | | GROUP | | l l | Incorporated or Qualifie | ed | |
| MIAMI FL 33186 MIAMI FL 33186 | | | | | | | 10/13/1986 Number | | Applied For |
| | | | | | | | 65-0001138 | | Not Applicable |
| - | lace of Business | — — — — — — — — — — — — — — — — — — — | Mailing Address | | | | ificate of Status Desired | | 5 Additional |
| Sulte, Apt. | #, etc. | 26 | Suite, Apt. #, etc. | | | 6. Elec | tion Campaign Financing | | Required May Be |
| 22 | | 27 | Cit & B. Dana | | •• | Trus | t Fund Contribution | D Adde | d to Fees |
| City & State | 0 | 28 | City & State | | | 7. Is th | is nonprofit corporation a | homeowners associa | ation? |
| Zip | Country | | Zip | \vdash | untry | | corporation owes or has | . — . | |
| 24 | 9. Name and Address of | 29 Current Regis | tered Agent | 30 | 1 | | onal Property Tax due Ju ne and Address of New | | ∐ No |
| | | | | | 81 Name | | | | |
| SKRLD I | | | | | 82 Street | Address (P.O. B | ox Number is Not Accep | otabłe) | - |
| 201 ALH 1201 | AMBRE CR | | | | 83 | | | | |
| | GABLES FL 33134 | | | | 84 City | | | ps 7 | ip Code |
| | 9 - | | | | | | | FL T | ´ |
| 11. Pursuant | to the provisions of Sections (| 617.0502 and 61 | 17 1609 Elocida Statu | daa dha c | hower-awad | | mite this statement for th | ia nurnaca of chanain | a ita ragintarad |
| agent. I a | egistered agent, or both, in the m familiar with, and accept the m | ne State of Florida ne obligations of | da. Such change was , Section 617.0503, Fi | authorize Iorida Sta | ed by the corp atutes. | corporation sub poration's board | mits this statement for the of directors. I hereby ac | cept the appointment | as registered |
| agent. I a | m familiar with, and accept the Signature, typed or printed name of regions. | istered agent and tille | if applicable. (NO | TE: Register | atutes. | required when reinsta | ting) | DATE | |
| agent. I a SIGNATURE | Signature, typed or printed name of regions. | ne obligations of | If applicable. (NO | TE: Registere | atutes. ed Agent signature | required when reinsta | ting) TIONS/CHANGES TO OF | DATE FICERS AND DIRECT | |
| agent. I a | Signature, typed or printed name of region PD | istered agent and tille | if applicable. (NO | TE: Registere 13. | atutes. | required when reinster ADDI | TIONS/CHANGES TO OF | DATE FICERS AND DIRECT | |
| SIGNATURE 12. | Signature, typed or printed name of regions. | istered agent and tille | If applicable. (NO | TE: Registere 13. 1.1 T | atutes. ed Agent signature | required when reinste ADDI DIRECTO Garcia | ting) TIONS/CHANGES TO OF | DATE FICERS AND DIRECT | |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of region PPICE PD MILNES, DEBBIE 15242 SW 68 ST MIAMI FL | istered agent and tille | , Section 617,0503, FI II applicable (NO CTORS DELETE | TE: Registere 13. 1.1 T 1.2 N 1.3 S 1.4 C | atutes. ITTLE NAME STREET ADDRESS CITY-ST-ZIP | required when reinstand ADDI' DIRECTO Garcia 6405 S | TIONS/CHANGES TO OF DR , Carlos | DATE FICERS AND DIRECT Change | ORS IN 12 B XK Addition (10/01) |
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