FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N19201** **(5)**

1. Corporation Name

AMARETTO OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
111 FOUNTAINEBLEAU BLVD % GUARANTEE MANAGEMENT SERVICES. INC. MIAMI FL 33172-4507	111 FOUNTAINEBLEAU BLVD % GUARANTEE MANAGEMENT SERVICES. INC. MIAMI FL 33172-4507

3. Date Incorporated or Qualified: 02/11/1987
3a. Date of Last Report: 03/08/1995
4. FEI Number: 65-0006381 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HYMAN AND KAPLAN, P. A.
44 WEST FLAGLER STREET, 4TH FLOOR
1500 SAN REMO AVENUE, SUITE 220
MIAMI 33131

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. 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 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	MCKEE, NANCY		1.2 NAME		
STREET ADDRESS	11850 SW 98 TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DISTEFANO, ROSEMARY		2.2 NAME		
STREET ADDRESS	9809 SW 119 AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE	President/D	☐ Change ☒ Addition
NAME	WALDMAN, LEONARD		3.2 NAME	Marc Briner	
STREET ADDRESS	9859 SW 117 PLACE		3.3 STREET ADDRESS	11794 SW 99 Lane	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, Fl. 33186	
TITLE	D	☒ DELETE	4.1 TITLE	Director	☒ Change ☐ Addition
NAME	BURNSTEIN, GEORGE		4.2 NAME	Carol Bujean	
STREET ADDRESS	9840 SW 117 PL		4.3 STREET ADDRESS	11810 SW 99 St.	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, Fl	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DURKEE, DAVID		5.2 NAME		
STREET ADDRESS	9908 SW 117 PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DIAZ, MARTIN		6.2 NAME		
STREET ADDRESS	11794 SW 100 STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Rosemary Di Stefano 3/4/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #