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NOT FOR PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N19201**

1. Corporation Name
AMARETTO OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12079 S.W. 131 AVE. % THE CONTINENTAL GROUP MIAMI FL 33186	12079 S.W. 131 AVE. % THE CONTINENTAL GROUP MIAMI FL 33186

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualifed: 02/11/1987

4. FEI Number: 65-0006381 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HYMAN AND KAPLAN, P. A. , GARY MARS ESQ.
150 WEST FLAGLER STREET
MUSEUM TOWER SUITE 2701
MIAMI FL 33130

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	~~SD~~ VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SANDY FERNANDEZ		1.2 NAME		
STREET ADDRESS	11860 SW 98TH TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		1.4 CITY-ST-ZIP	D	
TITLE	SD	☒ DELETE	2.1 TITLE	DIEGO CAVIJO	☑ Change ☐ Addition
NAME	THOMAS CROSSIN		2.2 NAME		
STREET ADDRESS	11839 SW 99TH LN		2.3 STREET ADDRESS	9868 SW 118 AVE	
CITY-ST-ZIP	MIAMI FL 33186		2.4 CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE	PD	☒ DELETE	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	BRINER, MARC		3.2 NAME	CARLOS MANUEL BARRIOS	
STREET ADDRESS	11794 SW 99 LANE		3.3 STREET ADDRESS	11798 SW 100 ST	
CITY-ST-ZIP	MIAMI FL 33186		3.4 CITY-ST-ZIP	MIAMI, FL. 33186	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PIERCE, KATHLEEN E		4.2 NAME		
STREET ADDRESS	11852 S.W. 97TH TERRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		4.4 CITY-ST-ZIP		
TITLE	~~VPD~~ PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DIAZ, MARTIN		5.2 NAME		
STREET ADDRESS	11794 SW 100 STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1.6.99 (305) 256-9071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #