


FILE NOW: FILING FEE IS \$61.25

FILED  
Jul 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra E. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N19962 (2)**  
1. Corporation Name  
**24TH AVENUE HOMEOWNERS ASSOCIATION INC.**



Principal Place of Business <b>18601 WENTWORTH DR. COUNTRY CLUB OF MIAMI FL 33015</b>	Mailing Address <b>18601 WENTWORTH DR. COUNTRY CLUB OF MIAMI FL 33015-2915</b>
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3. Date Incorporated or Qualified <b>04/03/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0128302</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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 <b>20120 W. OAKMONT CR</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>20120 W. OAKMONT CR</b> Suite, Apt. #, etc.
22 City & State 23 <b>MIAMI FL</b> Zip Country	27 City & State 28 <b>MIAMI FL</b> Zip Country
24 <b>33015</b> 25	29 <b>33015</b> 30

9. Name and Address of Current Registered Agent  
**SAAD, MERY  
18601 WENTWORTH DRIVE  
COUNTRY CLUB OF MIAMI FL 33015**

10. Name and Address of New Registered Agent  
B1 Name **CARIDAD SAAD**  
B2 Street Address (P.O. Box Number is Not Acceptable)  
**20120 W OAKMONT CR**  
B3  
B4 City **MIAMI** FL B5 Zip Code **33015**

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 *X Caridad Saad* Secretary, Director DATE **4-22-97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETE
TITLE	DP	<input checked="" type="checkbox"/>
NAME	SAAD, ANGEL	
STREET ADDRESS	18601 WENTWORTH DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	SAAD, MERY	
STREET ADDRESS	18601 WENTWORTH DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/>
NAME	SAAD, LOURDES	
STREET ADDRESS	18601 WENTWORTH DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
11 TITLE	PD DP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	JOSE SAAD, PRESIDENT - DIRECTOR		
13 STREET ADDRESS	20120 W OAKMONT CR		
14 CITY-ST-ZIP	MIAMI FL 33015		
21 TITLE	TD SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	CARIDAD SAAD, Treasurer - Director		
23 STREET ADDRESS	20120 W OAKMONT CR		
24 CITY-ST-ZIP	MIAMI FL 33015		
31 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32 NAME	ABRAHAM SAAD - Secretary		
33 STREET ADDRESS	ABRAHAM SAAD DIRECTOR		
34 CITY-ST-ZIP	20120 W OAKMONT CR		
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

14. I do 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.

CR2E037 (9/96)