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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N20819 (1)

1. Corporation Name
LA VIDA HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O MARLIN PROPERTY MGMT CO 1489 W PALMETTO PK RD #414 BOCA RATON FL 33486 US
% MARLIN PROPERTY MGT. 1489 W. PALMETTO PARK RD. STE #414 BOCA RATON FL 33486-3327 US

3. Date Incorporated or Qualified 05/26/1987
3a. Date of Last Report 02/19/1996

2. Principal Place of Business 21 40 Bohica Properties
Suite, Apt. #, etc. 26 40 Bohica Properties
22 3850 NW 2 Avenue #2 27 3850 NW 2 Avenue #2
City & State 23 Boca Raton, FL 28 Boca Raton, FL
Zip 24 33431 Country 25 Palm Bch 29 33431 30 Palm Bch

4. FEI Number 65-0018744 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

9. Name and Address of Current Registered Agent
COLLINS, MARCIA
1489 W PALMETTO PARK RD C/O MARTIN PROP
STE 414
BOCA RATON FL 33486

10. Name and Address of New Registered Agent
81 Name Collins, Marcia
82 Street Address (P.O. Box Number is Not Acceptable) 3850 NW 2 Avenue, #2
83
84 City Boca Raton FL 85 Zip Code 33431

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 Marcia M Collins DATE 1/27/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Table with 6 rows and 2 columns: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox.

Table with 6 rows and 2 columns: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and checkboxes for Change and Addition.

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.

SIGNATURE: Robert Fitzgerald DATE 1/27/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 561-750-8822

CR2E037 (9/96)