

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jun 17 1996 8:00 am
Secretary of State

DOCUMENT # N31836 (2)

1. Corporation Name
DAVID WILLIAM HOTEL CONDOMINIUM ASSOCIATION, I N C.



Principal Place of Business Mailing Address
**C/O PEDRO RANGEL MGR
700 BILTMORE WAY #100
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified **04/20/1989** 3a. Date of Last Report **10/16/1995**

2. Principal Place of Business 2a. Mailing Address
21 C/O Pedro Rangel Mgr. 26 C/O Pedro Rangel Mgr.

4. FEI Number **65-0180710** Applied For Not Applicable

Suite, Apt., etc. **22 700 Biltmore way, #100 27 700 Biltmore Way, #100**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State **23 Coral Gables, FL 28 Coral Gables, FL**

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

Zip **24 33134 25 Country 29 33134 30 Country**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**STORY, JOSEPHINE N
700 BILTMORE WAY #810
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
**81 Name RANGEL, PEDRO
82 Street Address (P.O. Box Number is Not Acceptable) DAVID WILLIAM HOTEL CONDOMINIUM ASSOC.
83 700 BILTMORE WAY, #100
84 City CORAL GABLES FL 85 Zip Code 33134**

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 *Pedro Rangel* **Pedro Rangel** DATE **4-29-96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SANCHEZ, EDGARD A	
STREET ADDRESS	700 BILTMORE WAY #205	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	STORY, JOSEPHINE N	
STREET ADDRESS	700 BILTMORE WAY, #810	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	FRAZIER, FRANCES	
STREET ADDRESS	700 BILTMORE WAY, #706	
CITY - ST - ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	MC ALLISTER, SCOTT	
13 STREET ADDRESS	700 Biltmore Way, #100	
14 CITY - ST - ZIP	Coral Gables, FL 33134	
21 TITLE	VIP D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Story, Josephine N	
23 STREET ADDRESS	700 Biltmore Way #810	
24 CITY - ST - ZIP	CORAL GABLES FL 33134	
31 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Perez, Emilio	
33 STREET ADDRESS	700 Biltmore Way, #100	
34 CITY - ST - ZIP	Coral Gables, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	800001863958	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	-06/17/96--01050--006	
53 STREET ADDRESS	***61.25	
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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: *Emilio Perez* **Emilio Perez** DATE **4-29-96** DAYTIME PHONE # **(305) 371-7544**

CR2E037 (12/95)