

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 27 1998 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N93000004315 (8)

1. Corporation Name

ESPRIT CONDOMINIUM II ASSOCIATION, INC.



|  |  |
|--|--|
| Principal Place of Business  | Mailing Address  |
| C/O THE CONTINENTAL GROUP<br>12079 SW 131 AVENUE<br>MIAMI FL 33186 | C/O THE CONTINENTAL GROUP<br>12079 SW 131 AVENUE<br>MIAMI FL 33186 |

3. Date Incorporated or Qualified

09/24/1993

4. FEI Number

59-3669863

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FERNANDEZ, ALEIDA  
9734 SW 138 AVENUE  
MIAMI FL 33186

81 Name

Cecile Wheatley

82 Street Address (P.O. Box Number is Not Acceptable)

9668 SW 138 Ave

83

84 City

Miami

FL

85 Zip Code

33186

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | PD                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | FERNANDEZ, ALEIDA  |  |
| STREET ADDRESS | 9734 SW 138 AVENUE |  |
| CITY-ST-ZIP    | MIAMI FL 33186     |  |

|                    |                 |  |
|--------------------|-----------------|--|
| 1.1 TITLE          | PD              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | Cecile Wheatley |  |
| 1.3 STREET ADDRESS | 9668 SW 138 Ave |  |
| 1.4 CITY-ST-ZIP    | Miami, FL 33186 |  |

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | VPD                | <input checked="" type="checkbox"/> DELETE |
| NAME           | VARELA, BERTHA     |  |
| STREET ADDRESS | 9732 SW 138 AVENUE |  |
| CITY-ST-ZIP    | MIAMI FL 33186     |  |

|                    |                 |  |
|--------------------|-----------------|--|
| 2.1 TITLE          | VPD             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | Carlos Cardenas |  |
| 2.3 STREET ADDRESS | 9616 SW 138 Ave |  |
| 2.4 CITY-ST-ZIP    | Miami, FL 33186 |  |

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | TD                 | <input type="checkbox"/> DELETE |
| NAME           | ILLAN, JOSE        |                                 |
| STREET ADDRESS | 9703 SW 138 AVENUE |                                 |
| CITY-ST-ZIP    | MIAMI FL 33186     |                                 |

|                    |                 |  |
|--------------------|-----------------|--|
| 3.1 TITLE          | D               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | Jose Illan      |  |
| 3.3 STREET ADDRESS | 9703 SW 138 Ave |  |
| 3.4 CITY-ST-ZIP    | Miami, FL 33186 |  |

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | SD                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | NOY, JULIO         |  |
| STREET ADDRESS | 9708 SW 138 AVENUE |  |
| CITY-ST-ZIP    | MIAMI FL 33186     |  |

|                    |                 |  |
|--------------------|-----------------|--|
| 4.1 TITLE          | SD              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | Marisol Marin   |  |
| 4.3 STREET ADDRESS | 9742 SW 138 Ave |  |
| 4.4 CITY-ST-ZIP    | Miami, FL 33186 |  |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                    |                 |  |
|--------------------|-----------------|--|
| 5.1 TITLE          | TD              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME           | Efrain Salazar  |  |
| 5.3 STREET ADDRESS | 9656 SW 138 Ave |  |
| 5.4 CITY-ST-ZIP    | Miami, FL 33186 |  |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                    |  |   |
|--------------------|--|---|
| 6.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |  |   |
| 6.3 STREET ADDRESS |  |   |
| 6.4 CITY-ST-ZIP    |  |   |

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.

SIGNATURE: *[Signature]*

3/11/98

CR2E037 (1097)