

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 3-20-96 B-2533-NC

DOCUMENT # N94000001416 (6)

1. Corporation Name

HABITAT VILLAS COMMUNITY ASSOCIATION, INC.



Principal Place of Business: 9350 SOUTH DADELAND BOULEVARD SUITE 200 MIAMI FL 33156
Mailing Address: 9350 SOUTH DADELAND BOULEVARD SUITE 200 MIAMI FL 33156

3. Date Incorporated or Qualified: 03/21/1994
3a. Date of Last Report: 02/14/1995

| | | | |
|---|---------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 | 26 | 65-0483394 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 22 | 27 | | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| City & State | City & State | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> |
| 23 | 28 | | |
| Zip | Country | Zip | Country |
| 24 | 25 | 29 | 30 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANNING, ANNE E
9350 SOUTH DADELAND BOULEVARD
SUITE 200
MIAMI FL 33156

| | |
|---|----------------|
| 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

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

(NOTE: Registered Agent signature required when re-appointing)

Date

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HERNANDEZ, RENE | 1.2 NAME | |
| STREET ADDRESS | 9350 S DADELAND BLVD #200 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 1.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MANNING, ANNE E | 2.2 NAME | |
| STREET ADDRESS | 9350 SOUTH DADELAND BOULEVARD, #200 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33156 | 2.4 CITY-ST-ZIP | |
| TITLE | VPD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HESS, JUDI | 3.2 NAME | |
| STREET ADDRESS | 9350 S DADELAND BLVD #200 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 3.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GREEN, ANNE | 4.2 NAME | |
| STREET ADDRESS | 9350 SOUTH DADELAND BOULEVARD, #200 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33156 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anne Green

Date

Daytime Phone #

3/15/96

305-670-2224

CR2E037 (12/95)