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Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000001416 (6)

1. Corporation Name

HABITAT VILLAS COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

9350 SOUTH DADELAND BOULEVARD
SUITE 200
MIAMI FL 33156

9350 SOUTH DADELAND BOULEVARD
SUITE 200
MIAMI FL 33156-2706

3. Date Incorporated or Qualified
03/21/1994

3a. Date of Last Report
03/20/1996

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

4. FEI Number
65-0483394

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



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 Carlos A. Ramirez

82 Street Address (P.O. Box Number is Not Acceptable)
c/o C.A.R. Prop. Mgmt.

83 9725 S.W. 72 St. #211

84 City Miami FL 85 Zip Code 33173

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]

(NOTE: Registered Agent signature required when reinstating)

1-27-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME HERNANDEZ, RENE
STREET ADDRESS 9350 S DADELAND BLVD #200
CITY-ST-ZIP MIAMI FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD DELETE
NAME MANNING, ANNE E
STREET ADDRESS 9350 SOUTH DADELAND BOULEVARD, #200
CITY-ST-ZIP MIAMI FL 33156

2.1 TITLE Secretary - D Change Addition
2.2 NAME Anne E. Manning
2.3 STREET ADDRESS 9350 S. Dadeland Blvd #200
2.4 CITY-ST-ZIP Miami, FL 33156

TITLE VPD DELETE
NAME HESS, JUDI
STREET ADDRESS 9350 S DADELAND BLVD #200
CITY-ST-ZIP MIAMI FL

3.1 TITLE President - D Change Addition
3.2 NAME Judi Hess
3.3 STREET ADDRESS 9350 S. Dadeland Blvd, #200
3.4 CITY-ST-ZIP Miami, FL 33156

TITLE T DELETE
NAME GREEN, ANNE
STREET ADDRESS 9350 SOUTH DADELAND BOULEVARD, #200
CITY-ST-ZIP MIAMI FL 33156

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Vice President - D Change Addition
5.2 NAME Charles Smith
5.3 STREET ADDRESS 9350 S. Dadeland Blvd, #200
5.4 CITY-ST-ZIP Miami, FL 33156

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97

Date

305-670-2224

Daytime Phone # 0027609

CR2E037 (9/96)