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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001416

1. Corporation Name
HABITAT VILLAS COMMUNITY ASSOCIATION, INC.

610123 - 90004 - 25

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 9745 SW 72 ST	26 P.O. Box 832557	03/21/1994
Suite, Apt. #, etc. 22 211	Suite, Apt. #, etc. 27	4. FEI Number 65-0483394 ☐ Applied For ☐ Not Applicable
City & State 23 Miami, FL	City & State 28 Miami, FL	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 33173 25 USA	Zip / Country 29 33283 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

RAMIREZ, CARLOS A.
C/O C.A.R. PROP MNGMNT
9725 SW 72 ST #211
MIAMI FL 33173

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE PD	President	☒ Change ☐ Addition
NAME	SMITH, CHARLES		1.2 NAME	Smith, Charles	
STREET ADDRESS	9350 S DADELAND BLVD #200		1.3 STREET ADDRESS	12214 SW 203 Terrace	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33177	
TITLE	SD	☒ DELETE	2.1 TITLE SD	Secretary	☐ Change ☒ Addition
NAME	MANNING, ANNE E.		2.2 NAME	Wilson, Shirley	
STREET ADDRESS	9350 SOUTH DADELAND BOULEVARD, #200		2.3 STREET ADDRESS	20174 SW 122 Court East	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33177	
TITLE	P	☒ DELETE	3.1 TITLE VP	Vice-President	☐ Change ☒ Addition
NAME	HESS, JUDI		3.2 NAME	Varner, John	
STREET ADDRESS	9350 S DADELAND BLVD #200		3.3 STREET ADDRESS	12272 SW 202 Street	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, FL 33177	
TITLE	T	☒ DELETE	4.1 TITLE TD	Treasurer	☐ Change ☒ Addition
NAME	GREEN, ANNE		4.2 NAME	Washington, Hayk "Lisa"	
STREET ADDRESS	9350 SOUTH DADELAND BOULEVARD, #200		4.3 STREET ADDRESS	20153 SW 122 Court East	
CITY-ST-ZIP	MIAMI FL 33156		4.4 CITY-ST-ZIP	Miami, FL 33177	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ A. Ramirez 2-11-99 305-598-4088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #