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Feb 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N94000002846
1. Corporation Name
THE EXOTIC VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: 1605 MICHIGAN AVE. MIAMI BEACH, FL 33139
Mailing Address: P.O. BOX 398915 MIAMI BEACH, FL 33239-8915

3. Date Incorporated or Qualified: 06-03-1994
4. FEI Number: 65-0500410 Applied For: Not Applicable

21. Principal Place of Business: 1605 MICHIGAN AVE. MIAMI BEACH, FL 33139 USA
22. Suite, Apt. #, etc.
23. City & State: MIAMI BEACH, FL
24. Zip: 33139 25. Country: USA

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$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 NA

9. Name and Address of Current Registered Agent: DAVID W. HASKINS, 935 16TH STREET, MIAMI BEACH, FL 33139-2603, USA

10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

11. Pursuant to the provisions of Sections 617.001 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: *David W. Haskins* DAVID W. HASKINS DIRECTOR, PRESIDENT 1-27-98

12. OFFICERS AND DIRECTORS

TITLE	DVP	DELETE
NAME	HASKINS, DAVID	
STREET ADDRESS	935 16TH STREET	
CITY-ST-ZIP	MIAMI BEACH, FL 33139-2603	
TITLE	D	DELETE
NAME	GOLLOP, BARRY	
STREET ADDRESS	1605 MICHIGAN AVENUE	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	DELETE
NAME	ASPNALL, CARMEN OKAS	
STREET ADDRESS	945 16TH STREET 15	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	D	DELETE
NAME	HEMINGWAY, ALEXIA	
STREET ADDRESS	927 16TH STREET	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR, PRESIDENT	Change	Addition
1.2 NAME	HASKINS, DAVID		
1.3 STREET ADDRESS	935 16TH STREET		
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139-2603		
2.1 TITLE	DIRECTOR, SECRETARY	Change	Addition
2.2 NAME	GOLLOP, BARRY		
2.3 STREET ADDRESS	1605 MICHIGAN AVENUE		
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139		
3.1 TITLE	DIRECTOR, TREASURER	Change	Addition
3.2 NAME	HEMINGWAY, ALEXIA		
3.3 STREET ADDRESS	927 16TH STREET		
3.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139		
4.1 TITLE	DIRECTOR, VICE PRESIDENT	Change	Addition
4.2 NAME	CRAMER, PAUL		
4.3 STREET ADDRESS	1717-A STEPHENS AVENUE		
4.4 CITY-ST-ZIP	PANAMA CITY, FL 32401		
5.1 TITLE	DIRECTOR,	Change	Addition
5.2 NAME	DE LA RUA, OMARA		
5.3 STREET ADDRESS	941 16TH STREET		
5.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139		
6.1 TITLE	100002419171	Change	Addition
6.2 NAME	-02/03/98--01004--020		
6.3 STREET ADDRESS	**\$61.25		
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: *David W. Haskins* DAVID W. HASKINS DIRECTOR, PRESIDENT (305) 535-9093

CR2E037 (10/97)