

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

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1. Corporation Name

THE EXOTIC VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1605 MICHIGAN AVENUE  
MIAMI BEACH FL 33139

Mailing Address

P.O. BOX 398915  
MIAMI BEACH FL 33239-8915

161300 90079 37



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

06/03/1994

4. FEI Number

65-0500410

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

9. Name and Address of Current Registered Agent

HASKINS, DAVID W  
935 16TH STREET  
MIAMI BEACH FL 33139-2603

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE PD  
NAME HASKINS, DAVID  
STREET ADDRESS 935 16TH STREET  
CITY-ST-ZIP MIAMI BEACH FL 33139-2603

TITLE SD ☐ DELETE

NAME GOLLOP, BARRY  
STREET ADDRESS 1605 MICHIGAN AVENUE  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE D ☒ DELETE

NAME ~~ASPINALL, CARMEN~~  
STREET ADDRESS ~~945 16TH STREET~~  
CITY-ST-ZIP ~~MIAMI BEACH FL 33139~~

TITLE DT ☐ DELETE

NAME HEMINGWAY, ALEXIA  
STREET ADDRESS 927 16TH STREET  
CITY-ST-ZIP MIAMI BEACH FL 33139

TITLE DVP ☐ DELETE

NAME CRAMER, PAUL  
STREET ADDRESS ~~1717A STEPHENS AVE~~  
CITY-ST-ZIP ~~PANAMA CITY FL 32401~~

TITLE D ☐ DELETE

NAME DE LA RUA, OMARA  
STREET ADDRESS ~~941 16TH STREET~~  
CITY-ST-ZIP ~~MIAMI BEACH FL 33139~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D  
DIMURO, GIUSEPPE  
945 16TH STREET  
MIAMI BEACH FL 33139

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

3158 LUCAS LAKE ROAD  
CHIPLEY, FL 32428

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

9948 COSTA DEL SOL BLVD.  
MIAMI, FL 33178

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:

DAVID W. HASKINS  
PRESIDENT, 1-6-99 305 535 9093  
DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)