


FILE NOW: FILING FEE IS \$61.25

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

03-04-1999 90079 037 ****61.25

0035409

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N94000002846

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. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 06/03/1994	4. FEI Number 65-0500410	Applied For Not Applicable
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		

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 _____ 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASKINS, DAVID	1.2 NAME	
STREET ADDRESS	935 16TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139-2603	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLLOP, BARRY	2.2 NAME	
STREET ADDRESS	1605 MICHIGAN AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASPINALL, CARMEN	3.2 NAME	D DIMURO, GIUSEPPE
STREET ADDRESS	945 16TH STREET	3.3 STREET ADDRESS	945 16TH STREET
CITY-ST-ZIP	MIAMI BEACH FL 33139	3.4 CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEMINGWAY, ALEXIA	4.2 NAME	
STREET ADDRESS	927 16TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33139	4.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAMER, PAUL	5.2 NAME	
STREET ADDRESS	1717A STEPHENS AVE	5.3 STREET ADDRESS	3158 LUCAS LAKE ROAD
CITY-ST-ZIP	PANAMA CITY FL 32401	5.4 CITY-ST-ZIP	CHIPLEY, FL 32428
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA RUA, OMARA	6.2 NAME	
STREET ADDRESS	941 16TH STREET	6.3 STREET ADDRESS	9948 COSTA DEL SOL BLVD.
CITY-ST-ZIP	MIAMI BEACH FL 33139	6.4 CITY-ST-ZIP	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 REQUIRED PRESIDENT, 1-6-99 305 535 9093
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)