

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90106 040 ****61.25

**NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



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

DOCUMENT # N96000002767

1. Corporation Name

LA VALENCIA TOWNHOMES OWNERS ASSOCIATION, INC.

Principal Place of Business

1853 JEFFERSON AVE.
 MIAMI BEACH FL 33139

Mailing Address

1853 JEFFERSON AVE.
 MIAMI BEACH FL 33139



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

9. Name and Address of Current Registered Agent

GALBUT, ABRAHAM A
999 WASHINGTON AVE.
MIAMI BEACH FL 33139

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/24/1996

4. FEI Number

65-0683393

Applied For
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Election Campaign Financing

**\$5.00 May Be
 Added to Fees**

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

1.1 TITLE ☒ DELETE

DP
BURSTYN, JEREMIAH
999 WASHINGTON AVE.
MIAMI BEACH FL 33139

1.2 NAME ☒ DELETE

DV
DEUTSCH, GABE
4315 PRAIRIE AVE.
MIAMI BEACH FL 33140

1.3 STREET ADDRESS ☒ DELETE

DS
DEUTSCH, ANNIE
4315 PRAIRIE AVE.
MIAMI BEACH FL 33140

1.4 CITY-ST-ZIP ☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition1.2 NAME ☒ Change ☐ Addition1.3 STREET ADDRESS ☒ Change ☐ Addition1.4 CITY-ST-ZIP ☒ Change ☐ Addition2.1 TITLE ☒ Change ☐ Addition2.2 NAME ☒ Change ☐ Addition2.3 STREET ADDRESS ☒ Change ☐ Addition2.4 CITY-ST-ZIP ☒ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition3.2 NAME ☐ Change ☐ Addition3.3 STREET ADDRESS ☐ Change ☐ Addition3.4 CITY-ST-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition4.2 NAME ☐ Change ☐ Addition4.3 STREET ADDRESS ☐ Change ☐ Addition4.4 CITY-ST-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition5.2 NAME ☐ Change ☐ Addition5.3 STREET ADDRESS ☐ Change ☐ Addition5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition6.2 NAME ☐ Change ☐ Addition6.3 STREET ADDRESS ☐ Change ☐ Addition6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

1-3-99

308 836-2420