FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600006565

. Comoration Name

FANTASTIC GARDENS ESTATES HOMEOWNERS ASSOCIATION , INC.

9. Name and Address of Current Registered Agent

Princip	al Pla	ce of	Bus	iness
9568 9	W 67	CT		v.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

Zip

MIAMI FL 33156

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

Zip

9568 SW 67 CT MIAMI FL 33156

FILED Feb 08, 1999 8:00am Secretary of State

02-08-1999 90029 024 ****61.25

 Date Incorporated or Qualified 01/01/1997

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

65-0796543

	DERUNALDA IO TOTATES INCLIENTAS IO ARESTOA	82	Street Add	dress (P.O. Box Number is Not Acceptable)	
9568 SW MIAMI FL		. 83			•
14		84	City	FL 85 Zip Code	
office or a	to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, egistered agent, or both, in the State of Florida. Such change was auth im familiar with, and accept the obligations of, Section 617.0503, Florid	horized by	the corporation	poration submits this statement for the purpose of changing its registe	ed.∜
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	edistered Agen	nt skonsture recuire	red when reinstating) DATE	_
12.	OFFICERS AND DIRECTORS	13.	it agriculo regalio	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	I 12
TITLE	PVST DELETE	1.1 TITLE	,	Change	Addition
NAME	SHUFFIELD, RONALD A	1.2 NAME			,
STREET ADDRESS		1.3 STREET	ADDRESS		
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST	T-ZIP		
TITLE	D DELETE	2.1 TITLE		☐ Change ☐	Addition
NAME	ROSS, C'L	2.2 NAME	· s-:	And the same of th	
STREET ADDRESS		2.3 STREET	ADDRESS	V	
CITY-ST-ZIP	MIAMI FL 33156	2.4 CITY-ST	T-ZIP	·	
TITLE	D DELETE	3.1 TITLE		☐ Change ☐	Additio
NAME :	SUAUREGUI, It is the second of the second points of the second of the se	3.2 NAME			
STREET ADDRESS	9567 SW 67 CT	3.3 STREET	ADDRESS		
CITY ST-ZIP	MIAMI FL 33156	3.4. CITY-S1	T-ZIP		
TITLE	DELETE	4.1 TITLE		☐ Change ☐ /	Addition
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STREET ADDRESS		4.3 STREET	ADDRESS		
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TITLE	DELETE	5.1 TITLE		☐ Change ☐ /	Addition
NAME .		5.2 NAME			
STREET ADORESS		5.3 STREET			
CITY-ST-ZIP		5.4 CITY-ST 6.1 TITLE	r-ZIP		4.4.00
TITLE	\$1966 956 40 7 1 8 1			☐ Change ☐ A	Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET			

Country

Name

30

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.

GNATURE: COLORGINA THE TOTAL OF THE COLOR DESCRIPTION AND THE COLOR DE

huttield 1-11-99 305-661-198

2E037 (11/98)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable