

APPROVED AND FILED

00 FEB 28 PM 12:47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **N97000000427**
1. Entity Name
WASHINGTON PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
1751-1755 WASHINGTON AVE. MIAMI BEACH FL 33139 **P.O. BOX 398553 MIAMI BEACH FL 33239-8553**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

Zip Country Zip Country



1-12-00 90119 025 (d.25) DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0738286** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, JOHN F
501 BRICKELL KEY DRIVE
STE. 200
MIAMI FL 33131

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
NAME **DP**
MACCONNEL, ANDREW M
STREET ADDRESS **1751 WASHINGTON AVENUE, 4-F**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE Change Addition
NAME **PRESIDENT - D**
PETER HYAMS, D
STREET ADDRESS **1751 WASHINGTON AVE 1 F**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE Delete
NAME **DVPS**
BOWMAN, DANIEL
STREET ADDRESS **1751 WASHINGTON AVENUE, 3-E**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE Change Addition
NAME **VICE PRESIDENT - D**
HECTOR GARCIA, D
STREET ADDRESS **1751 WASHINGTON AVE 3A**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE Delete
NAME **DT**
LIMA, JOSE
STREET ADDRESS **1755 WASHINGTON AVENUE, 1-C**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE Change Addition
NAME **TREASURER**
ORESTES ALVAREZ, D
STREET ADDRESS **1751 WASHINGTON AVE 2 F**
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. **ORESTES ALVAREZ**

SIGNATURE: **SIGNATURE REQUIRED** **TREASURER 1-5-2000 (305) 673 2334**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2597 (9/99)