

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90105 019 ****70.00

0029657

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N97000003617

1. Corporation Name

12100 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

1718 SW 17TH AVE
 MIAMI FL 33145

Mailing Address

PO BOX 110454
 MIAMI FL 33111
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/23/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 NOT APPLICABLE

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOSQUE, ANTONIO
~~10873 ROYAL PALM BLVD~~
~~CORAL SPRGS FL 33065~~

1718 S.W. 17 Ave
 MIAMI, FL. 33145

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

1718 SW 17 AVE.

83

84 City

MIAMI

FL

85 Zip Code

33145

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 provisions 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD. DELETE
 NAME BOSQUE, ANTONIO A
 STREET ADDRESS 1718 SW 17TH AVE
 CITY-ST-ZIP MIAMI FL 33145

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE D DELETE
 NAME BOSQUE GYORI, TERESITA
 STREET ADDRESS 1718 SW 17TH AVE
 CITY-ST-ZIP MIAMI FL 33145

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE D DELETE
 NAME GYORI, GLORIA
 STREET ADDRESS 1718 SW 17TH AVE
 CITY-ST-ZIP MIAMI FL 33145

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-99 305-4161103
 Date Daytime Phone #

CR2E037 (11/98)