FILE NOW: FILING FEE AFTER MAY 1 IS $150.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
'95 JUL -7 AM 8:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **N29022** **(3)**

1. Corporation Name
ANGELICA GARDENS HOMEOWNER'S ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O M&M'S SERVICES INC 12231 SW 131ST AVE MIAMI FL 33186	C/O M&M'S SERVICES INC 12231 SW 131ST AVE MIAMI FL 33186

3. Date Incorporated or Qualified: 10/26/1988
3a. Date of Last Report: 07/29/1994
4. FEI Number: 65-0133276 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o Guarantee Management Services	26 Guarantee Management Services
Suite, Apt. #, etc. 22 111 Fontainebleau Blvd.	Suite, Apt. #, etc. 27 111 Fontainebleau Blvd.
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip / Country 24 33172 / 25 USA	Zip / Country 29 33172 / 30 USA

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RODRIGUEZ, ARTURO 7975 NW 154 ST S-400 #200 MIAMI LAKES FL 33016	81 Name: SHARMAN-Killian, Property Agent 82 Street Address (P.O. Box Number is Not Acceptable): 111 FONTAINEBLEAU BLVD. 83 84 City: MIAMI FL 85 Zip Code: 33172

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE	PRESIDENT - PD	☒ Change ☐ Addition
NAME	RODRIGUEZ, ARTURO	1.2 NAME	JOHN HEALY III	
STREET ADDRESS	7975 NW 154 ST S-400	1.3 STREET ADDRESS	8497 NW 191 Street	
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	Miami, FL 33015	
TITLE	D	2.1 TITLE	VICEPRESIDENT - VD	☒ Change ☐ Addition
NAME	BRIELE, BOB	2.2 NAME	DIANA HERNANDEZ	
STREET ADDRESS	7975 NW 154 ST S-400	2.3 STREET ADDRESS	8463 NW 189 Street Rd.	
CITY-ST-ZIP	MIAMI LAKES FL	2.4 CITY-ST-ZIP	Miami, FL 33015	
TITLE	STD	3.1 TITLE	TREASURER - TD	☒ Change ☐ Addition
NAME	AQUINO, FERNANDO	3.2 NAME	MYRIAM PUGLIESE	
STREET ADDRESS	7975 NW 154 ST S-400	3.3 STREET ADDRESS	8263 NW 188 Terrace	
CITY-ST-ZIP	MIAMI LAKES FL	3.4 CITY-ST-ZIP	Miami, FL 33015	
TITLE		4.1 TITLE	SECRETARY - SD	☐ Change ☒ Addition
NAME		4.2 NAME	MICHAEL BLACKMORE	
STREET ADDRESS		4.3 STREET ADDRESS	8329 NW 189 Street	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33015	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

X need replacement →

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 added in an attachment with an address.

SIGNATURE: _____ John F. Healy III 4-25-95 (305) 823-3711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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