

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 736935 (8)
1. Corporation Name
ST. ANDREWS COURT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**1555 W. 44 PLACE #355
HIALEAH FL 33012**

~~1555 W. 44 PLACE #355~~
~~HIALEAH FL 33012~~

305 Alcazar Ave

305 Alcazar Ave

Coral Gables FL

33134 USA

3. Date Incorporated or Qualified 09/29/1976	3a. Date of Last Report 05/01/1995
4. FEI Number 59-1678133	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

**VILAR PROPERTY MAG.
305 ALCAZAK AVE.
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P. BARRERO, MARIA <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRERO, MARIA	1.2 NAME	1555 W 44 PL #208
STREET ADDRESS	1555 W 44TH PL #208	1.3 STREET ADDRESS	Hialeah, FL 33012
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	Hialeah, FL 33012
TITLE	VDD <input type="checkbox"/> DELETE	2.1 TITLE	VDD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINTANA, MEINALDO	2.2 NAME	Quintana, Meinaldo
STREET ADDRESS	1555 W. 44TH PL, #243	2.3 STREET ADDRESS	1555 W 44 PL #243
CITY-ST-ZIP	HIALEAH FL 33012	2.4 CITY-ST-ZIP	Hialeah, FL 33012
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALIENTE, MARIA	3.2 NAME	Kerman, Laura S.
STREET ADDRESS	1555 W 44TH PL #312	3.3 STREET ADDRESS	1555 W. 44 PL #323
CITY-ST-ZIP	HIALEAH FL	3.4 CITY-ST-ZIP	Hialeah, FL 33012
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTELLA, JUAN	4.2 NAME	Priarte, Orlando
STREET ADDRESS	1555 W 44TH PL #107	4.3 STREET ADDRESS	1555 W 44 PL #225
CITY-ST-ZIP	HIALEAH FL	4.4 CITY-ST-ZIP	Hialeah, FL 33012
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMAZARES, LADISLAO	5.2 NAME	LAMAZARES, LADISLAO
STREET ADDRESS	1555 W 4TH PL #239	5.3 STREET ADDRESS	1555 W 44 PL #239
CITY-ST-ZIP	HIALEAH FL	5.4 CITY-ST-ZIP	Hialeah, FL 33012
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: *Maria Barrero*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-96

CR2E037 (12/95)