


FILE NOW: FILING FEE IS \$61.25

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Feb 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N29022** (3)  
1. Corporation Name  
**ANGELICA GARDENS HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business <b>C/O GUARANTEE MANAGEMENT SERVICES 111 FONTAINEBLEAU BLVD MIAMI FL 33172 US</b>	Mailing Address <b>GUARANTEE MANAGEMENT SERVICES 111 FONTAINEBLEAU BLVD MIAMI FL 33172-4507 US</b>
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2. Principal Place of Business 21 <b>8497 NW 191 STREET</b> Suite, Apt. #, etc. 22 City & State 23 <b>MIAMI, FL</b> Zip 24 <b>33015</b> Country 25 <b>USA</b>	2a. Mailing Address 26 <b>PO Box 520045</b> Suite, Apt. #, etc. 27 City & State 28 <b>MIAMI, FL</b> Zip 29 <b>33152-0045</b> Country 30 <b>USA</b>
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3. Date Incorporated or Qualified <b>10/26/1988</b>	3a. Date of Last Report <b>03/06/1996</b>
4. FEI Number <b>65-0133276</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>KILLIAN, SHARMAN 111 FONTAINEBLEAU BLVD MIAMI FL 33172</b>
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10. Name and Address of New Registered Agent 81 Name <b>RONALD J. LEHRKE</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>8497 NW 191 STREET</b> 83 84 City <b>MIAMI</b> FL 85 Zip Code <b>33015</b>
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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 *Ronald J. Lehrke* **RONALD J. LEHRKE** 2/14/97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>HEALY, JOHN III</b>
STREET ADDRESS	<b>8497 NW 191 ST</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>HERNANDEZ, DIANA</b>
STREET ADDRESS	<b>8463 NW 189 ST RD</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>PUGLIESE, MYRIAM</b>
STREET ADDRESS	<b>8263 NW 188 TERRACE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BLACKMORE, MICHAEL</b>
STREET ADDRESS	<b>8329 NW 189 ST</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>ELLEN BARNETTE</b>
4.3 STREET ADDRESS	<b>8625 NW 190 TERRACE</b>
4.4 CITY-ST-ZIP	<b>MIAMI FL 33015</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *John Healy III* **JOHN HEALY III** 2/14/97 (305) 500-5275  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0032480

CR2E037 (9/96)