

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 OCT -7 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 762150

1. Corporation Name

437 SANTANDER CONDOMINIUM ASSOCIATION, INC.  
437 SANTANDER AVENUE, APT. F  
CORAL GABLES, FL 33134

Principal Place of Business

Mailing Address

SAME AS ABOVE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/06/1982

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

Zip

Country

Country

4. FEI Number

Applied For

59 2176377

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

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

Magda U. Milone  
437 Santander Ave., Apt. F  
Coral Gables, FL 33134

81 Name

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

83

84 City

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

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P= Marcelo Salup

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VP= Roger Goldman

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T= Marcelo Salup

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

S= Alina Cardenas

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

P= Betsy Karipis (Director)  
437 Santander Ave. Apt. E  
Coral Gables, FL 33134

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

VP= Abby Perlmutter (Director)  
437 Santander Ave., Apt. D  
Coral Gables, FL 33134

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

T= Magda Milone (Director)  
437 Santander Ave., Apt. F  
Coral Gables, FL 33134

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

S= Ann Ioannides (Director)  
437 Santander Ave. Apt. G  
Coral Gables, FL 33134

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

600002320805

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☐

Change

☐

Addition

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 do hereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAGDA U. MILONE

Date

Daytime Phone #

CR2E037 (9/96)