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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 759963 (2)

1. Corporation Name
THE MOORS TOWNVILLAS MAITENANCE ASSOCIATION, INC

Principal Place of Business	Mailing Address
17320 NE 65 AVENUE MIAMI FL 33015	17320 NE 65 AVENUE MIAMI FL 33015

3. Date Incorporated or Qualified: 09/11/1981

4. FEI Number: 59-2166999 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21: 17321 NW 66 CT
22: Suite, Apt. #, etc.
23: City & State: Miami Florida
24: Zip: 33015
25: Country: USA

2a. Mailing Address
26: same
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

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. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KALLICHE, ANTHONY A.
BECKER & POLIAKOFF, PA
6161 BLUE LAGOON DR, STE 250
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: Anthony Kalliche
82 Street Address (P.O. Box Number is Not Acceptable): Becker & Poliakoff, P.A.
83: 5201 Blue Lagoon Drive, #100
84 City: Miami FL 85 Zip Code: 33126

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V/D	☐ DELETE	1.1 TITLE	V/D	☒ Change ☐ Addition
NAME	ECONOMY, JANET		1.2 NAME	Janet Economy	
STREET ADDRESS	17320 NW 65 AVENUE		1.3 STREET ADDRESS	17321 NW 66 CT	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami, FL 33015	
TITLE	PD	☐ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	HERNANDEZ, SAL JR		2.2 NAME	Sal Hernandez	
STREET ADDRESS	17539 NW 66 CT		2.3 STREET ADDRESS	17321 NW 66 CT	
CITY-ST-ZIP	MIAMI FL 33015		2.4 CITY-ST-ZIP	Miami, FL 33015	
TITLE	S	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	ELLIS, SYLVIA		3.2 NAME	Sylvia Ellis	
STREET ADDRESS	17320 NW 65 AVE		3.3 STREET ADDRESS	17321 NW 66 CT	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami, FL 33015	
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	MCNAUGHTON, RUTH		4.2 NAME	Ruth McNaughton	
STREET ADDRESS	6633 NW 183 LN		4.3 STREET ADDRESS	17321 NW 66 CT	
CITY-ST-ZIP	MIAMI FL 33015		4.4 CITY-ST-ZIP	Miami, FL 33015	
TITLE	T	☐ DELETE	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	SMITH, DAVID		5.2 NAME	David Smith	
STREET ADDRESS	17320 NW 65 AVE		5.3 STREET ADDRESS	17321 NW 66 CT	
CITY-ST-ZIP	HIALEAH FL		5.4 CITY-ST-ZIP	Miami, FL 33015	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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 an address.

SIGNATURE: [signature] JAN 29/98 769-1788 Fax 26