## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

Mailing Address

EL MIRAMAR CONDOMINIUM ASSOCIATION, INC.

	) TPS MANA O. BOX 6615					C/O TPS MANAGEMENT P. O. BOX 661554					3. Date Incorporated or Qualified					
MIAMI SPRINGS FL 33266					MIAMI SPRINGS FL 33266					03/23/1973						
											<b>4.</b> F	El Number		-		ofied For
						I O. M. W. A.						<u>65-0343593</u>			Not	Applicable
2. 21		al Place of Business				2a. Malling Address 26					<b>5</b> . C	Certificate of Status Desired				dditional Julied
Suite, Apt. #, etc.					;	Suite, Apt. #, etc.					6. E	Election Campaign Financing	_	\$5.0	00 M	ay Be
22					27						Trust Fund Contribution Added to Fees					
City & State					_ <u> </u> '	City & State					7. Is this nonprofit corporation a homeowners association?					
23					28						☐ Yes ☐ No					
<u></u>	Zip	Country				Zip Cou					8. This corporation owes or has paid the current year Intangible					
24							30	0			Personal Property Tax due June 30. Yes No					
		9. Name	and Add	ress of Curr	ent Registe	red Agent		<del>                                     </del>			10. F	Name and Address of New Ro	egistered	Agent		
								81	Nam	9						
S.K.R.L.D.							82 Street Ac			t Addres	ddress (P.O. Box Number is Not Acceptable)					
201 ALAHAMBRA CIRCLE, STE. 1102																
CORAL GABLES FL 33134							63									
								84	City				<b>E</b> 1	85	Zip C	ode
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																
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.																
SIG	3NATURE _	Signature, typed	d or printed na	me of registered a	gent and little If	applicable (NO	TE: Register	ed Ape	nt signatu	re required y	when re	einstating)	DATE			
12				OFFICERS A			13.					DDITIONS/CHANGES TO OFFI	CERS AN	D DIREC	TORS	IN 12
TATI	.E	DVP				DELETE	1.1	TITLE						XXCha	nge	Addition
NAME		PARKER, DEWEY				1		1.2 NAME								
STREET ADDRESS		1912 SAN PEDRO AVE.				4		1.3 STREET ADORESS 1		85	0.9	SAN PEDRO AVE				
_	Y-ST-ZIP	****	<b>GABLES</b>			1			1.4 CITY-ST-ZIP		٠.	om i bbno mib				
TITL		DP	W.DECO	<u>'</u>	·	DELETE		TITLE	1 - E#	DP			····	Cha	nge X	X Addition
NAX			ZX XALEN	at na				NAME		•	20	PTAC			-	
STREET ADDRESS		1064X BW 2 KUANE				<b>1</b> - 1			1.47		ARCO RIOS 300 SW 3RD AVE #3					•
	Y-ST-ZIP	MIAMI R		U TA							MIAMI. FL 33129					
TITL		TSD		····		DELETE		TITLE	1 - Zir	MIA	M.I.	<u> </u>		☐ Cha	nne	Addition
	· i		LTC												, igo	7,000,000
	REY, KATE			ADT 40				3.2 NAME 3.3 STREET ADDRESS								
	EET ADORESS		2300 SW 3 AVE, APT 18 MIAMI FL 33129					3.4. City-St-ZiP		']						
TITL	r-ST-ZIP	MIAMI F	L 33128		····	DELETE		TITLE	1-24	<del>                                     </del>				☐ Cha		Addition
						C OCCUP		NAME		1		•		016	u <b>y</b> o	reduced
NAA OZO									400000	. 1						İ
	EET ADDRESS								ADDRESS	<b>'</b> [						
_	r-S1-ZIP					DELETE		CITY - ST	I - ZIP	<del>.   </del>				☐ Cha	200	Addition
TITL						L DELETE		TITLE						UIA	· Va	AUGUVII
NAA								NAME								
	EET ADDRESS								ADDRESS	1						
-	r-ST-ZIP				•	DELETE		CITY-SI	T-ZIP	<del> </del>				10t-		Addition
TITL	· ]					L. DELETE		TITLE		1				L Cha	пge	☐ Addition
NAA	- I						1	NAME		1						
	EET ADDRESS								ADDRESS	· [						
	/-ST-ZIP	a all a et a e	- Info '		data at the Prin			CITY-SI		40 01 10 0		440 07(0)(0) (D-1-1- 0)-4	14l	andid Al	1 AL - 1	nformetter.
14.	indicated	erury that th on this annu	ne informat ual report d		with this fill Ital annual i	ng does not quality to eport is true and acc	curate ar	empt nd the	ion sta at my s	ignature :	shall l	119.07(3)(i), Florida Statutes. have the same legal effect as in Chapter 617. Florida Statutes.	i iunner o	ertiry that oder oath	t the i	il am an

**FILED** 

Mar 12 1998 8:00am

Secretary of State