

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Sep 14 1998 8:00am<sup>8</sup>  
Secretary of State

DOCUMENT # 737127

(1)

1. Corporation Name

EAST WIND LAKE VILLAGE CONDOMINIUM ASSOCIATION,  
INC.

Principal Place of Business

Mailing Address

275 FONTAINEBLEAU BLVD  
#200  
MIAMI FL 33172

275 FONTAINEBLEAU BLVD  
#200  
MIAMI FL 33172

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

TRIAY, CARLOS  
999 PONCE DE LEON BLVD.  
#110  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

10/25/1976

4. FEI Number

59-1721248

Applied For  
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

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

10. Name and Address of New Registered Agent

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

TITLE NAME ☐ DELETE

PD  
VAQUERO, ROLANDO  
463 NW 98 CT  
MIAMI FL 33172

TITLE NAME ☐ DELETE

VPD  
CROMWELL, THADDEUS  
9809 NW 4 TERRACE  
MIAMI FL 33172

TITLE NAME ☐ DELETE

TD  
VELEZ, GREGORY  
9710 NW 5 LANE  
MIAMI FL 33172

TITLE NAME ☐ DELETE

SD  
SALHUANA, JORGE  
650 NW 98 CT  
MIAMI FL 33172

TITLE NAME ☐ DELETE

D  
CRUZ, JOSE  
9720 NW 4 LANE  
MIAMI FL 33172

TITLE NAME ☐ DELETE

D  
FREIRE, JUAN  
610 NW 97 PLACE  
MIAMI FL 33172

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME ☐ Change ☐ Addition

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

VPD ☒ Change ☐ Addition

SAEIZ, ALEJANDRINA  
9740 NW 4 LANE

MIAMI, FL. 33172

TD ☒ Change ☐ Addition

CROMWELL, THADEEUS  
9809 NW 4 TERRACE  
MIAMI, FL. 33172

☐ Change ☐ Addition

☒ Change ☐ Addition

D  
RODRIGUEZ, OLIBIO  
470 NW 98 CT.

MIAMI, FL. 33172

☒ Change ☐ Addition

D  
GRAVES, JAMES A.  
492 NW 98 CT.

MIAMI, FL. 33172

☒ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROLANDO VAQUERO

07/29/98. (305) 694-0471

CR2E037 (5/98)