	PLEASE E	READ A	II INST	RUCTO	ONS	BEFORE C	OMPLET	ING THIS FORM	1	
A ID						IT OF STATE	7	into Trilo i Cital	••	
AP	PLICATION			Sandra B			7			
	FOR 👹		•	Secretar			MC MARK			
REIN	STATEMENT		DI	VISION OF	-					
DOCUMENT # 740577 1. Corporation Name							98 DEC -8 PM 1:09			
							SECRE	TARY OF STATE.		
INDIAN CREEK TOWER CONDOMINIUM ASSOCIATION, INC							TALLA	TARY OF STATE HASSEE, FLORIDA	•	
Principal Place of Business Mailing Address							1			
,				 	AISII ATIDI AIINI IRDII IBAR AINI SI	Die Broek Bedie afd	AT DEBEG FOOT			
6941 CARLYLE AVE 6941 CARLYL MIAMI BEACH FL 33141 MIAMI BEACH				- ; []						
MINIMI DENGE N. 33141						1	REMEDIATION OF			
,								B. B. H. Bernamin's	10	
If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable										
BAC. 6				ENTERPRISES FUC			Date Incorporated or Qualified To Do Business in Florida 10/17/1977			
Suite, Apt. #, etc. Suite, Apt. #				BOX 960603 5. FEII			5. FEI Number		```	pplied For
City & State City & State								59-1888066		ot Applicable
Zip Country Zip				Country 0.				\$8	The section of the section of	al Fee required
			ో 3 32	96		<u>USA</u>	CERTIFICATE	OF STATUS DESIRED 🔀	for a Certifica	ite of Status
7. Names	and Street Addresses of Each O		Director (Flo	da nonprofit						
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)				City / \$	State / Zîp	
TD	RAMIREZ, OLIVIA			6941 CARLYLE AVE.				MIAMI BEACH FL		KA A
SD	WKZEWNOS LUISA VARGAS	6941 CARLYLE AVENUE				MIAMI BEACH FL	(
PD	JARAMILLO, YANETH				6941 CARLYLE AVE.			MIAMI BEACH FL		
			<u>.</u>					000027121645 -12/15/9801003019		
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8. Name and Address of Current Registered Agent							9. Name and A	L Address c પરીકૃતકાના		÷
Name R a c							CITE	RPRISES	不心	- /
JONAS DANIEL Street Address (f							O. Box Number	is Not Acceptable)		
1750 NE 16% STREET \\ \(\) 5.34							<u>8 5.w</u>	: 62 51.		
SUITE 210 Suite, Apt. #, Etc.										
NORTH MIAMI BEACH FE 33162							AM)	Sta	te Zip Code	102
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob-								on 607.0505, F.S.	<u> </u>	193
Signature o	/ / = 1	Detic	法: D 2	L.P.F.		no Fo	100m. Tu	مادر	100	
Registered	Agent Sevill	REG	STERED AG	ENT MUST S	SIGN	1) 61 761	EXKISE -MC	Date	14	
44 Th										
	is corporation owe angible Personal P					Yes 🗆	No 🔀		ide for informa angible tax.)	ation
this rein	that I am an officer or director of statement application, the reaso y the corporation have been paid application is true and accurate,	n for dissolu d and the na	tion has been mes of individ	eliminated, tl uals listed on	ne corpor this form	ate name satisfies to not qualify for	the requirements an exemption und	of section 607.0401 or 617.	0401, F.S., the	at all fees
SIGNA	TURE: Janet	6	ara	ES L) D	11-18-9	8 305/53	0645	<u>s</u>

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