

FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90027 001 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS.
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**DOCUMENT # 737127**

1. Corporation Name

**EAST WIND LAKE VILLAGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
275 FONTAINEBLEAU BLVD  
#200  
MIAMI FL 33172

Mailing Address  
275 FONTAINEBLEAU BLVD  
#200  
MIAMI FL 33172



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/25/1976	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1721248	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
TRIAY, CARLOS 999 PONCE DE LEON BLVD. #110 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DIRECTOR
NAME	VAQUERO, ROLANDO	1.2 NAME	GLADYS DE VINELLI
STREET ADDRESS	463 NW 98 CT	1.3 STREET ADDRESS	9728 NW 4 LANE
CITY-ST-ZIP	MIAMI FL 33172	1.4 CITY-ST-ZIP	MIAMI FL 33172
TITLE	VPD	2.1 TITLE	
NAME	SAEIZ, ALEJANDRINA	2.2 NAME	
STREET ADDRESS	9740 NW 4 LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	CROMWELL, THADEEUS	3.2 NAME	
STREET ADDRESS	9809 NW 4 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	SALHUANA, JORGE	4.2 NAME	
STREET ADDRESS	650 NW 98 CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	RODRIGUEZ, OLIBIO	5.2 NAME	
STREET ADDRESS	470 NW 98 CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	GRAVES, JAMES A	6.2 NAME	
STREET ADDRESS	492 NW 98 CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33172	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]* S. VAQUERO / R. VAQUERO 01/06/99 (305) 693-3161

CR2E037 (11/98)