

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

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1. Corporation Name

SAINT HUGH OAKS VILLAGE ASSOCIATION, INC.

Principal Place of Business

3500 PAN AMERICAN DR.
MIAMI FL 33133

Mailing Address

C/O TCG
12079 SW 131 AVENUE
MIAMI FL 33186
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 2950 N. 28th Terrace

3. Date Incorporated or Qualified

01/24/1994

4. FEI Number

54-0576847

Applied For

Not Applicable

23 City & State

27 City & State

28 Hollywood, Florida

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

Country

29 Zip

Country

30 33020

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BECKER & POLIAKOFF, PA
ROSA DE LA CAMARA, ESQ
5201 BLUE LAGOON DRIVE SUITE #100
MIAMI FL 33126

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 ☐ DELETE

NAME PD
STREET ADDRESS BETTON, LACY
CITY-ST-ZIP 3607 SW 37 AVE
COCONUT GROVE FL 33133

TITLE ☐ DELETE

NAME TD
STREET ADDRESS MAURER, MARTA
CITY-ST-ZIP 3611 S.W. 37TH AVE.
MIAMI FL 33133

TITLE ☐ DELETE

NAME SD
STREET ADDRESS REMEDIOS, MARLEN
CITY-ST-ZIP 3619 SW 37 AVE
MIAMI FL 33133

TITLE ☐ DELETE

NAME VD
STREET ADDRESS LUACES, LOURDES
CITY-ST-ZIP 3625 SW 37 AVE
COCONUT GROVE FL 33133

TITLE ☒ DELETE

NAME D
STREET ADDRESS PLUMMER, J.L. JR.
CITY-ST-ZIP 3500 PAN AMERICAN DR.
MIAMI FL 33133

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)