

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90205 014 ****61.25

DOCUMENT # 737206

1. Corporation Name

INTERNATIONAL GARDENS SECTION 4 HOMEOWNERS ASSOC
IATION INC.

Principal Place of Business

12540 SW 22 TERR.
MIAMI FL 33175

Mailing Address

12540 SW 22 TERR.
MIAMI FL 33175



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

11/02/1976

4. FEI Number

65-0021758

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

9. Name and Address of Current Registered Agent

CUERVO, MANUEL H
12330 SW 22ND LANE
MIAMI FL 33175

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 VPD ☐ DELETE

NAME DE LA VEGA, VINCENTE

STREET ADDRESS 2150 SW 123 CT

CITY-ST-ZIP MIAMI FL 33175

TITLE VD ☐ DELETE

NAME CUERVO, MANUEL

STREET ADDRESS 12330 S W 22 LANE

CITY-ST-ZIP MIAMI FL 33175

TITLE TD ☐ DELETE

NAME MOONEY, ADA

STREET ADDRESS 2045 SW 125 CT

CITY-ST-ZIP MIAMI FL

TITLE TO ☐ DELETE

NAME PUENTES, ALBERTO

STREET ADDRESS 2040 SW 123 CT

CITY-ST-ZIP MIAMI FL 33175

TITLE SD ☐ DELETE

NAME TRWJILLO, PETER

STREET ADDRESS 2020 SW 125 CT

CITY-ST-ZIP MIAMI FL 33175

TITLE PD ☐ DELETE

NAME SLATER, CHARLES F

STREET ADDRESS 12540 SW 22ND TERR

CITY-ST-ZIP MIAMI FL

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

4/29/99 305-553-0408
Date Daytime Phone #

CR2E037 (11/98)