FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

POCUMENT #

701780

(9)

TROPICAL AUDUBON SOCIETY INCORPORATED

28. Mailing Address 26 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Name and Address of New Registered Agent Name CHINQUINA, DON S530 SUNSET DR. MIAMI FL 33143	Applied For Not Applicable Additionat Regulred
MIAMI FL 33143 MIAMI FL 33143 A FEI Number 59-6147345 2. Principal Place of Business 2a. Mailing Address 5. Certificate of Status Desired 59-6147345 5. Certificate of Status Desired \$8.77 Fee Suite, Apt. #, etc. 27 City & State City & State City & State City & State 7. Is this nonprofit corporation a homeowners associate associa	Not Applicable Additionat Required
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2e. Mailing Address 2f. Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State City & State Zip Country Zip Country Zip Country Zip Country Since Apt. # above named Address of Current Registered Agent CHINQUINA, DON 5530 SUNSET DR. MIAMI FL 33143 Mailing Address Solite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State To ls this nonprofit corporation a homeowners associal yes. No Personal Property Tax due June 30. Yes Name CHINQUINA, DON 5530 SUNSET DR. MIAMI FL 33143 B1 Name CHINQUINA, DON 5530 SUNSET DR. MIAMI FL 33143 B2 Street Address (P.O. Box Number is Not Acceptable) B3 Vince Address of Current Registered Agent B4 City FL 85 Zivent Address of directors. I hereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment.	Additional Required
26 Sulte, Apt. #, etc. Sulte, Apt. #, etc. Sulte, Apt. #, etc. City & State Country Zip Country Zip Country Sign Sign Country Sign Co	Required
Sulte, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Zip Country Zip Country Zip Country Zip Country Si. Name and Address of Current Registered Agent CHINQUINA, DON 5530 SUNSET DR. MIAMI FL 33143 84 City FL 85 Zi 85 Zip City & Country Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) The 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 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	
Trust Fund Contribution Adder City & State City & State 28 Zip Country 25 29 30 Country 8. This corporation owes or has paid the current year Personal Property Tax due June 30. Yes Name Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CHINQUINA, DON 5530 SUNSET DR. MIAMI FL 33143 81 City FL 85 Zip Country 8. This corporation owes or has paid the current year Personal Property Tax due June 30. Yes Street Address of New Registered Agent 10. Name and Address of New Registered Agent 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 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	I May Da
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	its registered as registered
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	
NAME OLLE, DENNIS DELETE 11 TITLE SD Chang ROBERT KELLEY	Addition
1	
Annu Antonomia	
TITLE VD LACTIV-ST-ZIP PILOM; ISL 30143	Addition
NAME LYSINGER DAVID	
STREET ADDRESS 1225 CASTILE AVE. 23 STREET ADDRESS 6365 SW SOTH STREET	
CITY-ST-ZIP CORAL GABLES FL 33134 2.4 CITY-ST-ZIP MIGHT, FL 33155	
TITLE VP DELETE 3.1 TITLE 1	Addition
NAME OF TOTAL TOTAL	
STREET ADDRESS 3300 BISCAYNE BLVD 33 STREET ADDRESS 19662 E. COUNTRY CLUB DRIVE	
CITY-ST-ZIP MIAMIFL 34.CITY-ST-ZIP MIAMI, FL 33180	
TITLE VP Chang	Addition
NAME BARROS, JOSE F. 4.2 NAME DICK TOWNSEND	
STREET ADDRESS 5824 BLUE ROAD 4.3 STREET ADDRESS 7985 SW 124TH STREET	
CITY-ST-ZIP MIAMIFL 44 CITY-ST-ZIP M. COM: FL 33 156 TITLE DELETE 5.1 TITLE PD Chang	Addition
A THE LANGUAGE	L. AUUIIIUII
STREET ADDRESS 18014 SW 83 COURT 5.2 NAME RIST, RAKSTEN 5.3 STREET ADDRESS 18014 SW 82 COURT	
CITY-ST-ZIP MIAMI FL 5.4 CITY-ST-ZIP MIAMI FL 33 15 7	
TITLE OM DELETE 6.1 TITLE Chang	
NAME KATHARINA B. SAVOY 62 NAME	Addition
STREET ADDRESS 1679 SW 156TH AVE 6.3 STREET ADDRESS	Addition
CITY-ST-ZIP PEMBROKE PINES FL 6.4 CITY-ST-ZIP	Addition

14. Thereby 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 supplicemental 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 coelever 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:

Konsom

Kint

June 4, 1998 (305) 666-5111

FILED

Jun 11 1998 8:00am

Secretary of State

3R2E037 (10/97)