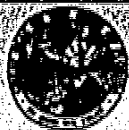


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Monahan
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -6 AM 11:11

DOCUMENT # 744356 (7)
1. Corporation Name
INDIAN LAKE VILLAGE II CONDOMINIUM ASSOCIATION, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

% PMS CORP.
8299 CORAL WAY
MIAMI FL 33155

% PMS CORP.
8299 CORAL WAY
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1978

3a. Date of Last Report

04/18/1994

4. FEI Number

59-1938580

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PROPERTY MANAGEMENT SERVICES CORP.
8299 CORAL WAY
MIAMI FL 33155

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GARCIA-VISO, CARMEN
STREET ADDRESS 9950 NW 9 STREET CIRCLE, #102
CITY-ST-ZIP MIAMI FL 33172

1.1 TITLE PD ☐ Change ☐ Addition
1.2 NAME CISNEROS, CARIDAD
1.3 STREET ADDRESS 9940 NW 9 STREET CIRCLE, #101
1.4 CITY-ST-ZIP MIAMI, FL 33172

TITLE TD
NAME GARCIA, INES A
STREET ADDRESS 9950 NW 9 STREET CIRCLE, #102
CITY-ST-ZIP MIAMI FL 33172

2.1 TITLE VPD ☐ Change ☐ Addition
2.2 NAME JOSE ALVAREZ
2.3 STREET ADDRESS 10040 NW 9 STREET CIRCLE, #205
2.4 CITY-ST-ZIP MIAMI, FL 33172

TITLE VD
NAME CISNEROS, CARIDAD
STREET ADDRESS 9940 NW 9 STREET CIRCLE, #101
CITY-ST-ZIP MIAMI FL 33172

3.1 TITLE TD ☐ Change ☐ Addition
3.2 NAME MANUEL ALVAREZ
3.3 STREET ADDRESS 9970 NW 9 STREET CIRCLE, #203
3.4 CITY-ST-ZIP MIAMI, FL 33172

TITLE SD
NAME CANTON, LILITH
STREET ADDRESS 9950 NW 9 STREET CIRCLE, #201
CITY-ST-ZIP MIAMI FL 33172

4.1 TITLE SD ☐ Change ☐ Addition
4.2 NAME CORALIA TORRES
4.3 STREET ADDRESS 9940 NW 9 STREET CIRCLE, #202
4.4 CITY-ST-ZIP MIAMI, FL 33172

TITLE D
NAME ALVAREZ, JOSE
STREET ADDRESS 10040 NW 9 STREET CIRCLE, #205
CITY-ST-ZIP MIAMI FL 33172

5.1 TITLE D ☐ Change ☐ Addition
5.2 NAME JAVIER GONZALEZ
5.3 STREET ADDRESS 10080 NW 9 STREET CIRCLE, #101
5.4 CITY-ST-ZIP MIAMI, FL 33172

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED CITY-STATE OF SIGNING OFFICER OR DIRECTOR

2/28/95
(Date)

266-7250
(Telephone)