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

Corporatio	MEN # 71167 LE HOMEOWNERS ASSO	\ -/					1 8 1 8 1 8 1 8 1 8 1 8 1 8 1	1811 81811 1881	
Principal Place of Business Mailing Address									
ĺ	J								
10626 SOUTHW Miami Fl 33176	10626 SOUTHWEST 102ND MIAMI FL 33176	Southwest 102ND Street			3. Date Incorporated or Qualified				
W. C.	,	MICHIE E DOLLO				10/24/1966 4. FEI Number			
								oplied For lot Applicable	
2. Principal Place of Business 2a. Mailing Address						59-1159493		Additional	
21 26						5. Certificate of Status Desired	* ·	Required	
Suite, Apt.	Suite, Apt. #, etc.	pt. #, etc.			6. Election Campaign Financing	\$5.00			
22		27				Trust Fund Contribution	Added 1		
City & Stat	е	 	City & State			7- Is this nonprofit corporation a homeowners association? Yes \sum No			
Zip	Country	Zip	Count			 			
24	25	29	` <u> </u>			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	9. Name and Address of Cur		1001			10. Name and Address of New Registers			
			В	1 Name					
LAWRENCE, DIANE				2 Street	Addre	Address (P.O. Box Number is Not Acceptable)			
10626 SOUTHWEST 102ND STREET					Oliest Address (1.0. Box Hallibor is 140t Acceptable)				
MIAMI FL	. 33176		В	3					
			, B	4 City	-		85 Zip	Code	
11. Pursuant	to the provisions of Sections 617.0	0502 and 617.1508, Florida Statut	es, the abo	ve-named	corpo			its registered	
office or r agent. I a	egistered agent, or both, in the St m fa miliar with, and accept the ob	ate of Florida. Such change was a digations of, Section 617.0503, Flo	uthorized i orida Statut	by the cores.	poratio	oration submits this statement for the purposion's board of directors. I hereby accept the s	appointment as	s registered	
SIGNATURE	,								
12.	Signature, typed or printed name of registered			gent signatur	e required	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		DO (N. 10	
TITLE	PD	07,000		13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	
NAME	GONZALEZ, GENE	_ section	1	1.2 NAME Ma		nning Robert		237.00.110.11	
STREET ADDRESS	4630 S.W. 104TH CT.			Et address	108	inning, Robert 300 S.W. 102 rdave			
CITY-ST-ZIP	MIAMI FL		1.4 CITY			1ami, FL 33176			
TITLE	D	DELETE	2.1 TITLE				Change	Addition (
NAME	SCHULTZ, PEGGIE B.	2.2 N							
STREET ADDRESS	10300 SW 100TH AVE		2.3 STRE	et address					
CITY-ST-ZIP	MIAMI FL		2. 4 CITY		↓				
TITLE	D	DELETE 3.1					☐ Change	☐ Addition	
NAME	LAWTON, BETTY		3.2 NAME						
STREET ADDRESS	10305 S.W. 90TH STREET			T ADDRESS	[
CITY-ST-ZIP	MIAMI FL	To be come		-ST-ZIP	\vdash		Change	Addition	
TITLE NAME	D Lawrence, Diane	Ci orreit	4.1 TITLE 4.2 NAM		1		L cuenta	~~	
STREET ADDRESS	10626 S.W. 102ND STREET			4.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL		4.4 CITY -						
TITLE	HIN WILL I SE	☐ DELETE		5.1 TITLE			Change	Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDRESS	ľ			1	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	<u> </u>				
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition	
NAME			6.2 NAME		1				
STREET ADDRESS	•			T ADDRESS					
CITY-ST-ZIP			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.

SIGNATURE:

Drame & Rabbath

1-21-97 305-596-6260

FILED

Feb 26 1998 8:00am

Secretary of State