## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 719117

RENE CONDOMINIUM ASSOCIATION, INC.

## Principal Place of Business Mailing Address 7834 "E" S.W. 55 AVENUE 7634 "E" S.W. 55 AVENUE 3. Date Incorporated or Qualified MIAM FL 33143 MIAMI FL 33143 03/09/1970 4. FEI Number Applied For 59-1299992 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 8. Election Campaign Financing **Trust Fund Contribution** Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No Country 8. This corporation owes or has paid the current year Intangible Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GONZALEZ, BARBARA M Street Address (P.O. Box Number is Not Acceptable) 7721 SW 56TH AVE **B3 MAMI FL 33143**

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, and accept the obligations of, Section 617.0503, Florida Statutes.

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SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent eignature required when reinstating) DATE					
12.	OFFICERS AND DIRECTORS	13,	ADDITIONS/CHANGES TO OFFICERS		
TITLE	DELETE.	1.1 TITLE	MIKE GORMAN (VD)	☐ Change	Addition
NAME	BARBARA M. GONZALEZ	1.2 NAME	17735 SW 56 AVE.		
STREET ADDRESS	7721 SW 56 AVE.	1.3 STREET ADDRESS	MAMI FL 33143		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP			
TITLE	D DELETE	2.1 TITLE	CANDACE TAKSIER (5)	☐ Change	Addition
NAME	RICHARD O'ROURKE	2.2 NAME	17700 SW STAVE.		
STREET ADDRESS	5530 SW 76 ST.	2.3 STREET ADDRESS	CANDACE TAKSIER (5) 11720 SW SS AVE. MIAMI FL 33.143		
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP			
TITLE	D DELETE	3.1 TITLE		Change	Addition
NAME	SANJAY ROY	3.2 NAME	<u> </u>		
STREET ADDRESS	7734 SW 55 AVE.	3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	3.4. CITY-ST-ZIP			
TITLE	D DELETE	4.1 TITLE		☐ Change	■ Addition
NAME	JANET PADRON	4. 2 NAME			
STREET ADDRESS	7/21 SW 58 AVE. (M21 SW SG AVE.)	4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAME FL	4.4 CITY-ST-ZIP			
TITLE	D DELETE	5.1 TITLE		Change	Addition
NAME	LIVINGSTONE, MATTHEW	5.2 NAME			
STREET ADDRESS	7735 SW 56TH AVE	5.3 STREET ADDRESS			İ
CITY-ST-ZIP	MIGANTEL	5.4 CITY-ST-ZIP			
TITLE	ØP) □ DELETE	6.1 TITLE		☐ Change	Addition
NAME	<b>"LÄGHÖWSKI, RICHARD</b>	6.2 NAME			
STREET ADDRESS	7621 SW 56TH AVE.	6.3 STREET ADDRESS			
CITY-ST-ZIP	MAMI FL 33143	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.

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SIGNATURE: BARBARA M. GONZAKEZ BOXBOXTO M. GONZALUZ

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Zip Code

**FILED** 

Apr 28 1998 8:00am

Secretary of State