FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 719117

1. Corporation Name

RENE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Busines							
7634	•E•	S.W.	55	AVENUE			
MIAM	ll FL	. 3314	43				

Mailing Address

7634 "E" S.W. 55 AVENUE MIAMI FL 33143

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90193 011 ****61.25

		 	

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·		-1.6:			Date Incorporated or Qualifed		
`	ace of Business	2a. Mailing Address			03/09/1970		
21 Suite, Apt. #	# ptc	Suite, Apt. #, etc.			4. FEI Number	App	lied For
22	r, etc.	27			59-1299992	— 	Applicable
City & State		City & State			F 0 11 1 10 1 1 1	\$8.75 A	iditional
23		28			5. Certificate of Status Desired	Fee Rec	uired
Zip	Country	Zip Country		,	6. Election Campaign Financing	\$5.00	lay Be
24	25	29	30		Trust Fund Contribution	Added to	Fees
	9. Name and Address of Curren	Registered Agent		······	10. Name and Address of New Registered	I Agent	
			81	Name			
GONZALE	z, Barbara M		82	Street Acid	ress (P.O. Box Number is Not Acceptable)		
	56TH AVE						
MIAMI FL			83				
_			84	City	F	85 Zip C	ode
				J	• •	in	ogistered
office or re	agistered agent or both in the State i	nt Florida. Such change was auf	inorizea by	the corporat	poration submits this statement for the purpose cion's board of directors. I hereby accept the apr	pintment as reg	stered
agent. I ar	n familia with, and accept the obligat	ions of Section 617.0503, Florid	da Statutes	š	#1.1 \square	$\alpha\alpha$	
SIGNATURE	Signature, typed or printed name of registered agen	JON (OI) L	Registered Age	nt signature requir	red when reinstating) DATE	19	· \
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	ND DIRECTOR	IS IN 1/2
TITLE	T	☐ DELETE	1.1 TITLE	11	IARCO ESPINOSA	☐ Change	Addition
NAME	BARBARA M. GONZALEZ		1.2 NAME	6	531 SN 78 STREET (0	
STREET ADDRESS	7721 SW 56 AVE		1.3 STREE		MIAMI, FL 33143	レノ	
CITY-ST-ZUP	MIAMI FL		1.4 CITY-5	ST-ZIP	THAMI FL JOH J		
TITLE	D	☐ DELETE	2.1 TITLE	(.	ANDACE TAKSIER	Change	Addition
NAME	RICHARD O'ROURKE		2.2 NAME		1720 SWSS AVENUE (\equiv	
STREET ADDRESS	5530 SW 76 ST.		2.3 STREE	T ADDDRESS !			{
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-	ST-ZIP	MIAHI FL 33143		
TITLÉ	D	☐ DELETE	3.1 TITLE	1	HARRY HUNTER	☐ Change	Addition
NAME	SANJAY ROY		3.2 NAME		7620 SN 55 AVENUE (2	ļ
STREET ADDRESS	7734 SW 55 AVE.		3.3 STREE			ノ)	
CITY-ST-ZIP	MIAMI FL		3.4. CITY-	ST-ZIP	MIRM 12 33145 -		- Audition
TITLE	D	DELETE	4.1 TITLE	-		Change	Addition
NAME	JANET PADRON	•	4. 2 NAME	:			
STREET ADDRE 3S	7721 SW 56 AVE.		4.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL	· · · · · · · · · · · · · · · · · · ·	44 CITY-	ST-ZIP			Addition
TITLE	V	DELETE	5.1 TITLE			☐ Change	Addition
NAME	GORMAN, MIKE		5.2 NAME				
STREET ADDRESS	7735 SW 56TH AVE		1	ET ADDRESS			{
CITY-ST-ZIP	MIAMI FL 33143		5.4 CITY-	SI-ZIP		Change	Addition
TITLE	P	☐ DELETE				□ Change	- Andright
NAME (LACHOWSKI, RICHARD		6.2 NAME				ļ
STREET ADDRESS	7621 SW 56TH AVE.		6.3 STREE	ET ADDRESS			

6.4 CITY-ST-ZIP MIAMI FL 33143 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: