

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 721013 (1)**

1. Corporation Name  
**LAKE HILDA ASSOCIATION, INC.**



Principal Place of Business <b>13902 CROOKED PALM CT MIAMI LAKES FL 33014 US</b>	Mailing Address <b>13902 CROOKED PALM CT MIAMI LAKES FL 33014-2912 US</b>
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3. Date Incorporated or Qualified <b>05/24/1971</b>	3a. Date of Last Report <b>02/21/1996</b>
4. FEI Number <b>23-7117328</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21 6990 Silver Oak Drive</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 6990 Silver Oak Drive</b> Suite, Apt. #, etc.
22 City & State <b>23 Miami Lakes, Florida</b>	27 City & State <b>28 Miami Lakes, Florida</b>
24 Zip <b>33014</b>	25 Country <b>USA</b>
26 Zip <b>33014</b>	27 Country <b>USA</b>

9. Name and Address of Current Registered Agent

**MULLER, SHIRLEY  
13902 CROOKED PALM CT  
MIAMI LAKES FL 33014**

10. Name and Address of New Registered Agent

**81 Name ROBERT S. RUIZ**  
**82 Street Address (P.O. Box Number is Not Acceptable) 6990 Silver Oak Drive**  
**83**  
**84 City Miami Lakes FL 85 Zip Code 33014**

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. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Robert S. Ruiz* **3-22-97** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>NAVARRO, PEDRO E</b>	1.1 TITLE <b>PD</b>	NAME <b>Robert Ruiz</b>
STREET ADDRESS <b>8736 CROOKED PALM TERR</b>	CITY-ST-ZIP <b>MIAMI LAKES FL</b>	1.2 STREET ADDRESS <b>6990 Silver Oak Dr.</b>	1.3 CITY-ST-ZIP <b>Miami Lakes, Florida 33014</b>
TITLE <b>VD</b>	NAME <b>RODRIGUEZ, ARMANDO</b>	2.1 TITLE	NAME
STREET ADDRESS <b>6751 CROOKED PALM TERR</b>	CITY-ST-ZIP <b>MIAMI LAKES, FL 00000</b>	2.2 STREET ADDRESS	CITY-ST-ZIP
TITLE <b>TD</b>	NAME <b>MULLER, SHIRLEY</b>	3.1 TITLE <b>TD</b>	NAME <b>David Carbonell</b>
STREET ADDRESS <b>13902 CROOKED PALM CT</b>	CITY-ST-ZIP <b>MIAMI LAKES FL</b>	3.2 STREET ADDRESS <b>13921 Crooked Palm Place</b>	3.3 CITY-ST-ZIP <b>Miami Lakes, Florida 33014</b>
TITLE <b>SD</b>	NAME <b>FISHER, CAROL</b>	4.1 TITLE <b>SD</b>	NAME <b>Rodrigo Zapata</b>
STREET ADDRESS <b>6789 CROOKED PALM LANE</b>	CITY-ST-ZIP <b>MIAMI LAKES, FL 00000</b>	4.2 STREET ADDRESS <b>6885 Bamboo Street</b>	4.3 CITY-ST-ZIP <b>Miami Lakes, Florida 33014</b>
TITLE <b>D</b>	NAME <b>RAMOS, CLARY</b>	5.1 TITLE <b>D</b>	NAME <b>Tony Lam</b>
STREET ADDRESS <b>6741 CROOKED PALM TERR</b>	CITY-ST-ZIP <b>MIAMI LAKES FL</b>	5.2 STREET ADDRESS <b>6737 Crooked Palm Lane</b>	5.3 CITY-ST-ZIP <b>Miami Lakes, Florida 33014</b>
TITLE	NAME	6.1 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	6.2 STREET ADDRESS	CITY-ST-ZIP

14. I do 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: *Robert S. Ruiz* **3-22-97** DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)