

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **722296** (1)

1. Corporation Name

GARSAN CONDOMINIUMS, INC.



Principal Place of Business	Mailing Address
C/O TIMBERLAKE GROUP INC 8405 NW 53 ST., A#102 MIAMI FL 33166	C/O TIMBERLAKE GROUP INC 5050 NW 74TH AVE MIAMI FL 33166-5516 US

3. Date Incorporated or Qualified **12/20/1971** 3a. Date of Last Report **03/04/1996**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number **59-1776532** 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**

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

9. Name and Address of Current Registered Agent

DUGGER, ROBERT A
THE TIMBERLAKE GROUP INC
5050 NW 74TH AVENUE
MIAMI FL 33166

10. Name and Address of New Registered Agent

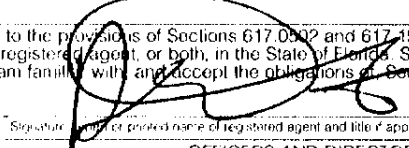
81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

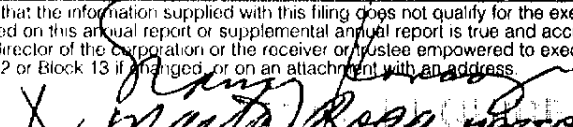
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE  **ROBERT A. DUGGER** 3-17-97
(Signature of registered agent or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD ☐ DELETE
NAME	COASTA, JOSE A
STREET ADDRESS	380 E. 35 ST., #10
CITY-ST-ZIP	HIALEAH FL
TITLE	TD ☐ DELETE
NAME	HORMAZA, NANCY
STREET ADDRESS	380 E. 35 ST., #29
CITY-ST-ZIP	HIALEAH FL
TITLE	SD ☐ DELETE
NAME	ROCA, MARTA
STREET ADDRESS	380 E. 35 ST., #1
CITY-ST-ZIP	HIALEAH FL
TITLE	VP ☐ DELETE
NAME	DUGGER, ROBERT A
STREET ADDRESS	8405 NW 53RD ST., A102
CITY-ST-ZIP	MIAMI FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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 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:  **ROCA 3-17-97** (30) 593-1141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00320000

CR2E037 (9/96)