

FILE NOW: FILING FEE IS \$61.25 ✓

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **725576** (3)
1. Corporation Name
FLAGLER PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **3001 SW 2 ST. (APT. 113-C) MIAMI FL 33135**
Mailing Address: **3001 SW 2 ST. (APT. 113-C) MIAMI FL 33135**

3. Date Incorporated or Qualified: **02/16/1973**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-1651473**
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

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

9. Name and Address of Current Registered Agent
ECHENIQUE, CHARLES
160 SW 30TH AVE.
206-A
MIAMI FL 33135

10. Name and Address of New Registered Agent
81 Name: GONZALEZ, EDUARDO
82 Street Address: 3001 SW 2nd ST. #115-C
83 MIAMI,
84 City: MIAMI, FL 85 Zip Code: 33135

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: *Eduardo Gonzalez* **EDUARDO GONZALEZ** **SECRETARY** **2/10/96**
Signature, typed or printed name of registered agent, and date of reinstating (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ECHENIQUE, CHARLE	
STREET ADDRESS	160 SW 30TH AVE 206-A	
CITY - ST - ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SUAREZ, MANUEL	
STREET ADDRESS	3001 SW 2ND ST. 113C	
CITY - ST - ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ARENAS, ESPERANZA	
STREET ADDRESS	3001 SW 2ND ST 109C	
CITY - ST - ZIP	MIAMI FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	DE LA TORRE, OTILIA	
STREET ADDRESS	3001 SW 2ND ST 107C	
CITY - ST - ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GONZALEZ, EDUARDO	
STREET ADDRESS	3001 SW 2ND ST. 115C	
CITY - ST - ZIP	MIAMI FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MENCIA, CARMEN	
STREET ADDRESS	145 SW 30 CT. 106B	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DE LA TORRE, OTILIA	
3.3 STREET ADDRESS	3001 SW 2nd ST #107C	
3.4 CITY - ST - ZIP	MIAMI - FL 33135	
4.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CAUCE, ANA	
4.3 STREET ADDRESS	160 SW 30 AVE	
4.4 CITY - ST - ZIP	MIAMI - FL 33135	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	200001751572	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-03/20/96--01099--011	
6.3 STREET ADDRESS	***61.25	
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Eduardo Gonzalez* **EDUARDO GONZALEZ** **SECRETARY** **2/10/96** **(305) 377-2353**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE037 (12/95) 13-20-1996