FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 24, 1999 8:00 am
Secretary of State
05-24-1999 90017 048 ****70.00

DOCUMENT # 725771

1. Corporation Name

BUFFERD CONDOMINIUM ASSOCIATION, INC. A CONDOMIN IUM

Principal Place of Business	Mailing Address
825 EUCLID AVENUE MIAMI BEACH FL 33139	825 EUCLID AVENUE MIAMI BEACH FL 33139

2. Principal Place of Business 21	2a. Mailing Address 26 PO BOX 310113	3. Date Incorporated or Qualified 03/08/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Miami	4. FEI Number 59-1515157 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Miami, FL	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 33231 Country 30 Dade	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LOPEZ, EDITH
825 EUCIO AVE
1
MAIMI BEACH FL 33139

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD + TD	☐ DELETE	1.1 TITLE	TREASURER	☐ Change ☒ Addition
NAME	LOPEZ, EDITH		1.2 NAME	EDITH LOPEZ	
STREET ADDRESS	825 EUCLIO AVE 1		1.3 STREET ADDRESS	825 EUCLID AVE. #1	
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VILCHEZ, JOEL		2.2 NAME		
STREET ADDRESS	825 EUCLID AVE 5		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		2. 4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FOULAN, MARIE		3.2 NAME		
STREET ADDRESS	825 EUCLID AVENUE, #6		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		3.4. CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FOULON, MARIE		4. 2 NAME		
STREET ADDRESS	825 EUCLID AVE 6		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: SIGNATURE REQUIRED 05-25-1999 (305)759-7187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #