## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCU   Corporatio	MEN   # 72632	5 (4)				
•	TOWNHOUSE CONDOMIN	DIAL MOTATOOSSA MUR				
14 04 141	TOTALIOUSE COMPONIN	ION ASSOCIATION, INC.		I INGENE ARAJA HIDUR AHARA HIDUR	BB! Bill Bibli bibli bibli bibli Bibli bibli bibli	411
		<del></del>				11
Principal Plac	e of Business	Mailing Address				•••
7516 8.W. 58 AVE. 2518 S.W. 59 AVE.				3. Date incorporated or Qualific	эd	
MIAMI FL 33143	3 27	171 MIAMIFE 33143		05/04/1973		
				4. FEI Number	Applied F	
2. Principal P	lace of Business,	2a. Mailing Address		59-1501342	Not Applic	
21 7524		26 7524 SW S	8 <sup>th</sup> AVG	5. Certificate of Status Desired	\$8.75 Addition Fee Required	ıal
Sulte, Apt.		Suite, Apt. #, etc.	<u> </u>	6. Election Campaign Financing		
22		27		Trust Fund Contribution	Added to Fees	
City & Stat	MIAMI, FL	City & State	: 11	7. Is this nonprofit corporation	* -	
23 50 KT 11 Zip	Country	ZIP ZIP	Country	8 This corporation pures or has	Yes INo s paid the current year lotangible	
24 3314		29 33143 30	¬ ´	Personal Property Tax due J		
	9. Name and Address of Curre		<u> </u>	10. Name and Address of New		
81 Name				ANTHONY R. DURI	<	
SHEPPARD, LINDA			82 Street	Variness (L.O. port Mailing) is that Vocal		
<b>6270 S.W. 84</b> TH STREET <b>MAM</b> I FL <b>3314</b> 3			83	24 SW 58Th AVE	<u> </u>	
MAMI H	L 33143		03			
				OUTH MIAM!	FL 85 Zip Code	3
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familial with any accepts the obligations of, Section 617.0503, Florida State.				corporation submits this statement for the	no purpose of changing its register	ered
				polation o board of allocators. I moreof at	1/20/00	-
SIGNATURE	Signature, typind or print of name of registered ag	/ RNTHOM R.		required when reinstating)	9150198	
12.		ID DIRECTORS	13.		FICERS AND DIRECTORS IN 12	<u>, - — — — — — — — — — — — — — — — — — — </u>
TITLE	10	<b>☑</b> DELETE	1.1 TITLE	PD	A Change ☐ Ad	dition
NAME	SHEPPARD, LINDA		1.2 NAME			
STREET ADDRESS	6270 S.W. 84TH STREET	•	1.3 STREET ADDRESS	ANTHONY R. DURIS 17524 SW 58Th AVE.	•	
CITY-ST-ZIP	MIAMI FL 33143		1.4 CITY - ST - ZIP	SOUTH MIAMI, FL 33	3143	
TITLE	PD /	Ø₹ DELETE	21 THILE	ITD . '	Change 🔲 Ad	dition
NAME	PATTERSON, JOHN H		2.2 NAME	Luis AGUIRRE	<u></u>	
STREET ADDRESS	44 WEST FLAGLER ST., SUIT	E 2450	2.3 STREET ADDRESS	7520 SW 5874 AV	C.	
CITY-ST-ZIP TITLE	MIAMI FL 33130 SD	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	South MIAMI, FC		dition
NAME	SHORE, SANDRA	L.J OELCIL	3.1 THE		E change E A	Julium
STREET ADDRESS	7506 SW 58 AVE.		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33143		3.4. CITY - ST - ZIP			
TITLE	Olly With T. E. GOTTIO	☐ DELETE	4.1 TITLE		Change Ad	dition
NAME			4. 2 NAME			
STREET ADORESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 City-St-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Ad	dition
NAME			5.2 NAME			
STREET ADORESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		I December	5.4 CITY-ST-ZIP	·	Dobass 11s.	deliai
TITLE		☐ DELETE	6.1 TITLE		L Change L Ad	dition
NAME CTREET ADODECC			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	L		

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 attachmon with an address.

**SIGNATURE:** 

**FILED** 

May 14 1998 8:00am

Secretary of State