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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 729315 (2)
1. Corporation Name
SANTONA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
6565 SANTONA ST APT B-100 CORAL GABLES FL 33146
6565 SANTONA ST APT B-100 CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/10/1974
3a. Date of Last Report 02/10/1994

4. FEI Number 59-1652713
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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
SCLAFANI, NANCY
6580 SANTONA ST., A-31
CORAL GABLES FL 33146

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|---|
| TITLE | PO | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ACTON, JACQUELINE | 1.2 NAME | |
| STREET ADDRESS | 6041 SW 9TH STREET | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION FL | 1.4 CITY-ST-ZIP | |
| TITLE | TD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHETWOOD, SUSAN | 2.2 NAME | |
| STREET ADDRESS | 6511 SANTONA ST C-20 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ACTON, JOHN | 3.2 NAME | |
| STREET ADDRESS | 6041 SW 9 ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PLANTATION FL | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SIMKOVIC, SIMON | 4.2 NAME | |
| STREET ADDRESS | 232 SEYBOLD BLDG. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUBIN, MIKE | 5.2 NAME | |
| STREET ADDRESS | 7777 S.W. 114TH STREET | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | |
| TITLE | SD | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCLAFANI, NANCY | 6.2 NAME | |
| STREET ADDRESS | 6580 SANTONA ST A-31 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL | 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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Susan Chetwood*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SUSAN CHETWOOD, Treasurer 2/18/95 505 601-6116