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NONPROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 729315

1. Corporation Name

SANTONA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

6565 SANTONA ST APT B-100
CORAL GABLES FL 33146

Mailing Address

6565 SANTONA ST APT B-100
CORAL GABLES FL 33146



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

04/10/1974

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

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 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

Signature, typed 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 ACTON, JACQUELINE
STREET ADDRESS 6041 SW 9TH STREET
CITY-ST-ZIP PLANTATION FL

TITLE TD DELETE

NAME CHETWOOD, SUSAN
STREET ADDRESS 6511 SANTONA ST C-20
CITY-ST-ZIP CORAL GABLES FL

TITLE D DELETE

NAME ACTON, JOHN
STREET ADDRESS 6041 SW 9 ST
CITY-ST-ZIP PLANTATION FL

TITLE D DELETE

NAME SIMKOVIC, SIMON
STREET ADDRESS 232 SEYBOLD BLDG.
CITY-ST-ZIP MIAMI FL

TITLE D DELETE

NAME RUBIN, MIKE
STREET ADDRESS 7777 S.W. 114TH STREET
CITY-ST-ZIP MIAMI FL

TITLE SD DELETE

NAME SCLAFANI, NANCY
STREET ADDRESS 6580 SANTONA ST A-31
CITY-ST-ZIP CORAL GABLES FL

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Nancy Sclafani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/99 305
06/16/16
Date Daytime Phone

CR2E037 (11/98)