

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  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90110 017 \*\*\*\*70.00

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DOCUMENT # 729424

1. Corporation Name

VERSAILLES GARDENS I CONDOMINIUM ASSOCIATION, IN  
C.

Principal Place of Business  
9421 SOUTHWEST 4TH STREET  
MIAMI FL 33174

Mailing Address  
9421 SOUTHWEST 4TH STREET  
MIAMI FL 33174



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
04/15/1974

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-1594854

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDUARDO MELONT  
EDUARDO MELONT, HYMAN & KAPLAN P  
150 WEST FLAGLER STREET  
27TH FLOOR, MUSEUM TOWER  
MIAMI FL 33130

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME ALIAGA, CARLOS  
STREET ADDRESS 9441 S.W. 4TH STREET, #105  
CITY-ST-ZIP MIAMI FL

☐ DELETE

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME D  
1.3 STREET ADDRESS NORMA SERRAPINANA  
1.4 CITY-ST-ZIP 9401 SW 4 ST # 111  
MIAMI, FL 33174

TITLE S  
NAME PINO, PURA  
STREET ADDRESS 9411 S.W. 4TH STREET, #409  
CITY-ST-ZIP MIAMI FL

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE T  
NAME CHAVIANO, ROLAND  
STREET ADDRESS 9431 S.W. 4TH STREET, #106  
CITY-ST-ZIP MIAMI FL

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE AS  
NAME RIVERA, ZORAIDA  
STREET ADDRESS 9401 S.W. 4TH STREET, #107  
CITY-ST-ZIP MIAMI FL

☒ DELETE

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME TUYA, ANTONIO  
STREET ADDRESS 9411 S.W. 4TH STREET, #212  
CITY-ST-ZIP MIAMI FL

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME RUIZ, AMPARO  
STREET ADDRESS 9441 SW 4 ST, #106  
CITY-ST-ZIP MIAMI FL 33174

☐ DELETE

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99 (315) 313-4240  
Date Daytime Phone #

CR2E037 (11/98)