FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # 732066

(6)

FUTURA VILLAS CONDOMINIUM ASSOCIATION NO. 1, INC

•					
Principal Place	e of Business	Mailing Address		A LABORAT CONTRACTOR STREET WATER BUILD I	HAVA MANDAN MANDAN MANDAN MANDAN MANDAN DINGKA 1904
14050 NE 2 (MIAMI FL 331 US	- '	14050 NE 2 CT MIAMI FL 33161 US			
				 Date Incorporated or Qualified 03/06/1975 	3a. Date of Last Report 06/06/1995
_	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Suito Act	# ata	26 510 FAL	CON AVE	59-1651168	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	e	City & State			Fee Required
23		28 MIAMI SOOI	S FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	28 MIAMI SPRI	Country	This corporation has liability for in	Added to Fees
24	25	29 33166	30 DANE		Yes No
	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Re	gistered Agent
PAGGEG	C DONAL A		81 Name		66ESS
BOGGESS, DONAL A 14050 NE 2 CT				Address (P.O. Box Number is Not Acceptable)
MIAMI FL			83	10 FALCON AVI	<u> </u>
THE WALL I			63		
			84 City		85 Zio Code
11. Pursuant t	to the provisions of Sections 617,0502	2 and 617,1508. Florida Statute	s the above-named o	JAHL SPRW65 FL orporation submits this statement for the purpo	FL 33/65
or register familiar wi	ed agent, or both, in the State of Flori	da. Such change was authorize	d by the corporation's	s board of directors. I hereby accept the appoin	use of changing its registered office itment as registered agent. I am
SIGNATURE	12,100	2 23 CIMA A		-	1710h
	Signature, typed or printed name of registered agent	and the fargincable (NOT	E. Registered Agent signature	required when reinstating)	1110
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	VD Boggess, P Dwayne	DELETE	1.1 TITLE	VD	Change Addition
NAME	14050 NE 2 CT		1.2 NAME	BOGGESS P. DWAYNE 5-10 FALCON AVE	
STREET ADDRESS	MIAMI FL		13 STREET ADDRESS	3-10 FALCON 150E	~
CITY-ST-ZIP TITLE	PO	DELETE	1.4 CITY-ST-ZIP	MIAHI SPRINGS, FL	33/66
NAME	BOGGESS, DONAL		2.1 TITLE	PO	♦ Change ☐ Addition
STREET ADDRESS	14050 NE 2ND CT.		2 2 NAME 2 3 STREET ADDRESS	SIO FALCOLAVE	
CITY-ST-ZIP	MIAMI FL		2 4 CITY-ST-ZIP	MININ SONNE FO	23///
TITLE	STD	DELETE	3 1 TITLE	MIAMI SPRINGS, FL DIRECTOR	Change Addition
NAME	THOMAS, BEAU	_	3.2 NAME	ALEXIS CARMON	
STREET ADDRESS	14052 NE 2 CT		3 3 STREET ADDRESS	14054 NE ZNO CT	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI, EL 33161	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		Floriere	4.4 CITY-ST-ZIP		
NAME		DELETE	5 1 TAILE		☐ Change ☐ Addition
STREET ADDRESS			5 2 NAME		
CITY-ST-ZIP			5 3 STREET ADDRESS		
TITLE		DELETE	5 4 CHY-ST-ZIP 6 1 TITLE		Change Classics
NAME			62 NAME		☐ Change ☐ Addition
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIF			6.4 CiTY - ST - ZiP		
14. I do hereby	certify that the information supplied w	vith this filing is voluntarily furnish	had and door not ave	lify for the exemption stated in Section 119.07	(3)(k), Florida Statutes. I further
oath; that I		ation or the receiver or trustee a	ii report is true and aci eninowered to execute	illy lor the exemption stated in Section 119.07, curate and that my signature shall have the sar e this report as required by Chapter 617, Floric	

MATURE AND TYPED OR PRINTED NAME OF SIGNING OF ICER OR DIRECTOR