

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 732070 (8)

1. Corporation Name

FUTURA VILLAS CONDOMINIUM ASSOCIATION NO. 5, INC



Principal Place of Business

2481 TRAPP AVE
MIAMI FL 33133

Mailing Address

2481 TRAPP AVE
MIAMI FL 33133

3. Date Incorporated or Qualified
03/06/1975

3a. Date of Last Report
06/27/1995

2. Principal Place of Business

2a. Mailing Address

21 13964 N.E. 2 Court

26 13964 N.E. 2nd Court

4. FEI Number
50-1651158

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

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Miami, FL

28 Miami, FL

24 Zip
33161

25 Country
USA

29 Zip
33161

30 Country
USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEVIVO, KRULIK
2481 TRAPP AVE
MIAMI FL 33133

81 Name Kimberly D. Gordon-Robinson
82 Street Address (P.O. Box Number Not Acceptable)
13964 N.E. 2 Court
83
84 City Miami FL 85 Zip Code 33161

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

Kimberly D. Robinson

Kimberly D. Robinson

3/5/96

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PD	GORDON, KIMBERLY	13964 NE 2ND CT	MIAMI FL	<input type="checkbox"/>
ST	DE VIVO KRALIK, FLORENCE	2481 TRAPP AVE	MIAMI, FL 00000	<input type="checkbox"/>
VD	RUSSELL, VERONICA	13960 NE 2ND CT	MIAMI FL	<input type="checkbox"/>
D	MARIAN, GEROGE	13962 NE 2ND CT	MIAMI FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
PD	Robinson - Gordon, Kimberly	13964 N.E. 2 Court	Miami, FL 33161	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kimberly D. Robinson

Kimberly D. Robinson

3/5/96

(305) 377-5867
(305) 892-1474

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)