

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

13964 NW 2ND CT
MIAMI FL 33161
US13964 NE 2ND CT
MIAMI FL 33161-2826
US3. Date Incorporated or Qualified
03/06/19753a. Date of Last Report
03/11/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

4. FEI Number

50-1651158

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

ROBINSON-GORDON, KIMBERLY D
13964 NE 2ND CT
MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name

Kimberly D. Robinson

82 Street Address (P.O. Box Number is Not Acceptable)

13964 NE 2nd 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

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
NAME ROBINSON-GORDON, KIMBERLY
STREET ADDRESS 13964 NE 2ND CT
CITY-ST-ZIP MIAMI FL
☐ DELETETITLE ST
NAME DE VIVO KRALIK, FLORENCE
STREET ADDRESS 2481 TRAPP AVE
CITY-ST-ZIP MIAMI, FL 00000
☒ DELETETITLE VD
NAME RUSSELL, VERONICA
STREET ADDRESS 13960 NE 2ND CT
CITY-ST-ZIP MIAMI FL
☐ DELETETITLE D
NAME ALEXIS, JACQUELIN
STREET ADDRESS 13962 NE 2ND CT
CITY-ST-ZIP MIAMI FL
☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDT
1.2 NAME Kimberly D. Robinson
1.3 STREET ADDRESS 13964 NE 2nd Court
1.4 CITY-ST-ZIP Miami, FL 33161
☒ Change ☐ Addition2.1 TITLE D
2.2 NAME James Thomas
2.3 STREET ADDRESS 13966 NE 2nd Court
2.4 CITY-ST-ZIP Miami, FL 33161
☐ Change ☒ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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.

SIGNATURE: Kimberly D. Robinson Kimberly D. Robinson 1/27/97(305) 892-6174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031638

CR2E037 (9/96)