

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 734264 (5)
1. Corporation Name

RUE MARIE VILLAS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3144 MARY STREET
COCONUT GROVE FL 33133

3144 MARY STREET
COCONUT GROVE FL 33133



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/05/1975
3a. Date of Last Report 04/25/1996

4. FEI Number 59-1710120
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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ALLEY-LOWE, M. SUSAN
3144 MARY ST.
COCONUT GROVE FL 33133

81 Name Warren Bilchik
82 Street Address (P.O. Box Number is Not Acceptable) 3144 Mary St.
83
84 City Coconut Grove FL 85 Zip Code 33133

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] DATE 9-1-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD
NAME ALLEY-LOWE, M. SUSAN ☒ DELETE
STREET ADDRESS 3144 MARY ST.
CITY-ST-ZIP COCONUT GROVE FL

1.1 TITLE TD
1.2 NAME Warren Bilchik ☒ Change ☐ Addition
1.3 STREET ADDRESS 3144 Mary St.
1.4 CITY-ST-ZIP Coconut Grove, FL

TITLE SD
NAME KOBOLA, SLAVIN ☐ DELETE
STREET ADDRESS 3142 MARY ST
CITY-ST-ZIP COCONUT GROVE FL

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

TITLE PD
NAME HANCOCK, DAVID ☐ DELETE
STREET ADDRESS 3140 MARY ST
CITY-ST-ZIP COCONUT GROVE FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: [Signature] SIGNATURE REQUIRED

9-1-97 (305) 446-2928

CR2E037 (4/97)