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**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90095 043 \*\*\*\*70.00

0027506

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 737041**

1. Corporation Name

**THE 514 SANTANDER CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

514 SANTANDER AVE., UNIT 1  
CORAL GABLES FL 33134

Mailing Address

514 SANTANDER AVE., UNIT 1  
CORAL GABLES FL 33134



2. Principal Place of Business

21 **SAME AS 1**

22 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 **SAME AS 1**

27 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

10/14/1976

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**KAMBERGER, MARKUS**  
**6790 S.W. 54TH ST.**  
**MIAMI FL 33155**

10. Name and Address of New Registered Agent

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

*Markus Kamberger*

**MARKUS KAMBERGER**

**Feb 22-1999**

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 ☐ DELETE

NAME **PTD**  
**KAMBERGER, MARKUS**  
STREET ADDRESS **6790 S.W. 54TH ST.**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☒ DELETE

NAME **VD**  
**VARGAS, EUGENIA**  
STREET ADDRESS **514 SANTANDER AVE. UNIT 5**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ DELETE

NAME **D**  
**CARTER, DAVID**  
STREET ADDRESS **8305 S.W. 118TH TERR.**  
CITY-ST-ZIP **MIAMI FL 33156**

TITLE ☐ DELETE

NAME **SD**  
**LOPEZ, JOSE**  
STREET ADDRESS **2701 RED ROAD**  
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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:

*Markus Kamberger* **MARKUS KAMBERGER** **2-22-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (11/98)