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NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Apr 30 1997 8:00am
Secretary of StateDOCUMENT # **737206** (3)

1. Corporation Name

INTERNATIONAL GARDENS SECTION 4 HOMEOWNERS ASSOCIATION INC.

Principal Place of Business

Mailing Address

**12540 SW 22 TERR.
MIAMI FL 33175****12540 SW 22 TERR.
MIAMI FL 33175-1409**

3. Date Incorporated or Qualified

11/02/1976

3a. Date of Last Report

04/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CUERVO, MANUEL H
12330 SW 22ND LANE
MIAMI FL FL 33175**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VPD** ☐ DELETENAME **DE LA VEGA, VINCENTE**STREET ADDRESS **2150 SW 123 CT**CITY - ST - ZIP **MIAMI FL 33175**TITLE **VD** ☐ DELETENAME **CUERVO, MANUEL**STREET ADDRESS **12330 S W 22 LANE**CITY - ST - ZIP **MIAMI FL 33175**TITLE **TD** ☐ DELETENAME **MOONEY, ADA**STREET ADDRESS **2045 SW 125 CT**CITY - ST - ZIP **MIAMI FL**TITLE **TD** ☐ DELETENAME **PUNTES, ALBERTO**STREET ADDRESS **2040 SW 123 CT**CITY - ST - ZIP **MIAMI FL 33175**TITLE **SD** ☐ DELETENAME **TRWJILLO, PETER**STREET ADDRESS **2020 SW 125 CT**CITY - ST - ZIP **MIAMI FL 33175**TITLE **PD** ☐ DELETENAME **SLATER, CHARLES F**STREET ADDRESS **12540 SW 22ND TERR**CITY - ST - ZIP **MIAMI FL**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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Fax

CR2E037 (9/96)

Charles F. Slater **4-21-97** **305-553-9399**