FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:12

DOCUMENT # 738519 (8)

1. Corporation Name
THE VILLAS OF MADEIRA HOMEOWNERS ASSOC. INC.

Principal Place of Business	Mailing Address
% COURTESY PROPERTY MANAGEMENT, INC. 13500 NORTH KENDALL DRIVE, SUITE 140 MIAMI FL 33186	% COURTESY PROPERTY MANAGEMENT, INC. 13500 NORTH KENDALL DRIVE, SUITE 140 MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/31/1977
3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-2070936 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SKRLD, INC
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	Director	☐ Change ☒ Addition
NAME	CASTELLON, CARLOS	1.2 NAME	Gloria Weimberger	
STREET ADDRESS	9466 SW 5 ANE	1.3 STREET ADDRESS	9336 SW 7 Lane	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami, Florida 33174	
TITLE	VP	2.1 TITLE	Director	☐ Change ☒ Addition
NAME	HIDALGO, EDDIE	2.2 NAME	Rosalia Jimenez	
STREET ADDRESS	9431 SW 6 TERRACE	2.3 STREET ADDRESS	9455 SW 6 Terrace	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Florida 33174	
TITLE	T	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	FAU, EMILIO	3.2 NAME		
STREET ADDRESS	9332 SW 6 LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE		☒ Change ☐ Addition
NAME	BARO, EDUARDO	4.2 NAME		
STREET ADDRESS	9425 SW 6 TERRACE	4.3 STREET ADDRESS	Director	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP		
TITLE	D C	5.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	CAYON, EUSEBIO	5.2 NAME	Francisco Molina	
STREET ADDRESS	508 SW 93 PLACE	5.3 STREET ADDRESS	9319 SW 4 Lane	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, Florida 33174	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	ZARRALUQUI, MIGDALIA	6.2 NAME		
STREET ADDRESS	9451 SW 5 ANE	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP		

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)(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: _____ 1/17/95 594-5925.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0000088