FILE NOW: FILING FEE IS $61.2

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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

2. Principal Place of Business	2a. Mailing Address
21 9380 SUNSET DRIVE	26 9380 SUNSET DRIVE
22 Suite, Apt. #, etc. SUITE B_250	27 Suite, Apt. #, etc. SUITE B-250
23 City & State MIAMI, FL	28 City & State MIAMI, FL
24 Zip 33173 / 25 Country DADE	29 Zip 33173 / 30 Country DADE

3. Date Incorporated or Qualified: 03/31/1977
3a. Date of Last Report: 02/01/1995
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SKRLD, INC 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES FL 33134	81 Name: MARIA V. ARIAS, ESQ. 82 Street Address (P.O. Box Number is Not Acceptable): 201 ALHAMBRA CIRCLE 83: SUITE 1102 84 City: CORAL GABLES, FL 85 Zip Code: 33134

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: Maria V. Arias, Esq. DATE: 3/10/96
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CASTELLON, CARLOS		1.2 NAME		
STREET ADDRESS	9466 SW 5 ANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HIDALGO, EDDIE		2.2 NAME		
STREET ADDRESS	9431 SW 6 TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ 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	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BARO, EDUARDO		4.2 NAME		
STREET ADDRESS	9425 SW 6 TERRACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D C	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CAYON, EUSEBIO		5.2 NAME		
STREET ADDRESS	508 SW 93 PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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		

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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)(k), 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] Date: 3/10/96 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)