

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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
9380 SUNSET DRIVE 9380 SUNSET DRIVE
SUITE B 250 SUITE B 250
MIAMI FL 33173 MIAMI FL 33173-3276

3. Date Incorporated or Qualified 03/31/1977 3a. Date of Last Report 03/13/1996

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

24 25 29 30

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

ARIAS, MARIA V
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134

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	P	☐ DELETE
NAME	CASTELLON, CARLOS	
STREET ADDRESS	9466 SW 5 AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE	VP	☐ DELETE
NAME	HIDALGO, EDDIE	
STREET ADDRESS	9431 SW 6 TERRACE	
CITY - ST - ZIP	MIAMI FL	
TITLE	S	☐ DELETE
NAME	FAU, EMILIO	
STREET ADDRESS	9332 SW 6 LANE	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	BARO, EDUARDO	
STREET ADDRESS	9425 SW 6 TERRACE	
CITY - ST - ZIP	MIAMI FL	
TITLE	D C	☐ DELETE
NAME	CAYON, EUSEBIO	
STREET ADDRESS	508 SW 93 PLACE	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	☐ DELETE
NAME	ZARRALUQUI, MIGDALIA	
STREET ADDRESS	9451 SW 5 AVE	
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 # 0032751

CR2E037 (9/96)