

FILE NOW: FILING FEE IS \$61.25

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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741720 (7)

1. Corporation Name
TRI-CITY COMMUNITY ASSOCIATION, INC.

Principal Place of Business 5800 N W 7TH AVENUE 212 MIAMI FL 33142 US	Mailing Address 5800 N W 7TH AVENUE 212 MIAMI FL 33142 US
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

9. Name and Address of Current Registered Agent

**BARRETT, IVAN
1137 N.W. 40TH ST.
MIAMI FL 33127**

3. Date Incorporated or Qualified
01/17/1978

4. FEI Number
59-1848656

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. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ALBURY, MIRANDA Y	
STREET ADDRESS	1490 NW 3RD AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SVPD	<input checked="" type="checkbox"/> DELETE
NAME	GOLDSMITH, JOHN JR	
STREET ADDRESS	2021 NW 48TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SVPD	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, ANGEL	
STREET ADDRESS	3280 W FLAGLER ST 1	
CITY-ST-ZIP	MIAMI FL	
TITLE	SVPD	<input checked="" type="checkbox"/> DELETE
NAME	BARRETT, IVAN	
STREET ADDRESS	1137 NW 40TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, MARY W	
STREET ADDRESS	1601 NW 56TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HICKS, DOROTHY R	
STREET ADDRESS	5800 NW 7TH AVE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Mary W. Johnson		
1.3 STREET ADDRESS	1601 N.W. 56th Street		
1.4 CITY-ST-ZIP	Miami, Florida 33142		
2.1 TITLE	1st Vice President	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LaRue Ford		
2.3 STREET ADDRESS	19035 N.W. 54th Place		
2.4 CITY-ST-ZIP	Miami, Florida 33055		
3.1 TITLE	2nd Vice President	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ivan Barrett		
3.3 STREET ADDRESS	1137 N.W. 40th Street		
3.4 CITY-ST-ZIP	Miami, Florida 33127		
4.1 TITLE	Treasurer		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Clara Porter		
4.3 STREET ADDRESS	287 N.W. 58th Street		
4.4 CITY-ST-ZIP	Miami, Florida 33142		
5.1 TITLE	Secretary		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Estella J. Hadley		
5.3 STREET ADDRESS	1895 N.W. 55th Street		
5.4 CITY-ST-ZIP	Miami, Florida 33142		
6.1 TITLE	Executive Director		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Dorothy R. Hicks		
6.3 STREET ADDRESS	5800 N.W. 7th Avenue		
6.4 CITY-ST-ZIP	Miami, Florida 33127		

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.

SIGNATURE: *Dorothy R. Hicks* *February 5, 1998* *757-0955*

CR2E037 (10/97)