

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90179 016 ****61.25

DOCUMENT # **741720**

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**



2. Principal Place of Business

21
Suite, Apt. #, etc.

23
City & State

24 Zip **25** Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28 Zip **29** Country

3. Date Incorporated or Qualified

01/17/1978

4. FEI Number

59-1848656

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

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **JOHNSON, MARY W**
STREET ADDRESS **1601 N.W. 56TH STREET**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **1VPD** ☐ DELETE
NAME **FORD, LARUE**
STREET ADDRESS **19035 N.W. 54TH STREET**
CITY-ST-ZIP **MIAMI FL 33055**

TITLE **2VPD** ☐ DELETE
NAME **BARRETT, IVAN**
STREET ADDRESS **1137 N.W. 40TH STREET**
CITY-ST-ZIP **MIAMI FL 33127**

TITLE **T** ☐ DELETE
NAME **PORTER, CLARA**
STREET ADDRESS **287 N.W. 58TH STREET**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **S** ☒ DELETE
NAME **HADLEY, ESTELLA J**
STREET ADDRESS **1895 N.W. 55TH STREET**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **ED** ☐ 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 ☐ 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 **Secretary**
5.3 STREET ADDRESS **M. Estelle Sears**
5.4 CITY-ST-ZIP **915 Arena Blvd.
Miami, FL 33136**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99

Date

305-757-0955

Daytime Phone #

CR2E037 (11/98)