

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

MAY 11 11 08:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **745725** (2)

1. Corporation Name  
**GIFFORD LANE CONDOMINIUM, INC.**

Principal Place of Business: **3076 GIFFORD LN COCONUT GROVE FL 33133**  
Mailing Address: **3076 GIFFORD LN COCONUT GROVE FL 33133**

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>01/25/1979</b>  | 3a. Date of Last Report<br><b>03/16/1994</b> |
| 4. FFI Number<br><b>NOT APPLICABLE</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>           |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>  | <b>\$68.75 Supplemental Fee Not Required</b> |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

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

9. Name and Address of Current Registered Agent  
**EMBERSON, HARRY C.  
3076 GIFFORD LN  
COCONUT GROVE FL 33133**

10. Name and Address of New Registered Agent

|   |
|---|
| 81 Name   |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83  |
| 84 City   |
| 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 Agent, Registered Office or Registered Agent and Office of Incorporator) (NOTE: Registered Agent signature required when registering)

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------|---|---|
| TITLE                      | PD                    | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | EMBERSON, HARRY       | 12 NAME   |   |
| STREET ADDRESS             | 3076 GIFFORD LN       | 13 STREET ADDRESS                                     |   |
| CITY ST ZIP                | COCONUT GROVE FL      | 14 CITY ST ZIP  |   |
| TITLE                      | STD                   | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WHITEFIELD, FREDRICKA | 22 NAME   |   |
| STREET ADDRESS             | 3074 GIFFORD LANE     | 23 STREET ADDRESS                                     |   |
| CITY ST ZIP                | COCONUT GROVE FL      | 24 CITY ST ZIP  |   |
| TITLE                      | D                     | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | EMBERSON, NANCY S     | 32 NAME   |   |
| STREET ADDRESS             | 2523 DANPHINE CT W    | 33 STREET ADDRESS                                     |   |
| CITY ST ZIP                | PONTE VEDRE FL        | 34 CITY ST ZIP  |   |
| TITLE                      |                       | 41 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 42 NAME   |   |
| STREET ADDRESS             |                       | 43 STREET ADDRESS                                     |   |
| CITY ST ZIP                |                       | 44 CITY ST ZIP  |   |
| TITLE                      |                       | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 52 NAME   |   |
| STREET ADDRESS             |                       | 53 STREET ADDRESS                                     |   |
| CITY ST ZIP                |                       | 54 CITY ST ZIP  |   |
| TITLE                      |                       | 61 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                       | 62 NAME   |   |
| STREET ADDRESS             |                       | 63 STREET ADDRESS                                     |   |
| CITY ST ZIP                |                       | 64 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)(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: *Harry C. Emberson* HARRY C EMBERSON S.S. 95  
205-446-6634  
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR