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 Feb 06, 1999 8:00am Secretary of State

02-06-1999 90016 004 ****61.25

DOCUMENT # 745725

1. Corporation Name

GIFFORD LANE CONDOMINIUM, INC.

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1					• 1
Principal Pla	ce of Business	Mailing Address		- 	•
3076 GIFFOR		3076 GIFFORD LN		1 184111 18511 61861 61211 18518 11867 6111 61617 6	inii aliju dian ninii amii iaac -
COCONUT GROVE FL 33133 COCONUT GROVE FL 3313			33		
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	•				
<u> </u>	<u>, and the second of the secon</u>	•		· ·	8
	Place of Business	2a. Mailing Address		Date Incorporated or Qualifed	
21		26		01/25/1979	200
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		4. FEI Number	. Applied For
22		27		NOT APPLICABLE	Not Applicable
City & Sta	ite .	City & State		5. Certifcate of Status Desired	\$8.75 Additional
23		28		G. Continuate of Catalog Desired	Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
24	25	29	30	Trust Fund Contribution	Added to Fees
•	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent
•	and a fine second a fine secon		81 Name		
EMBERS(ON, HARRY C.		82 Street Add	dress (P.O. Box Number is Not Acceptable)	• •
3076 GIF	FORD LN				<u> </u>
COCONU	T GROVE FL 33133		83		
		•	. 84 City		or Zin Cada
est alla appete tita			City		85 Zip Code
11. Pürsuani	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the above-named cor	poration submits this statement for the purpose of tion's board of directors. I hereby accept the apportunity	changing its registered
oπice or agent. Ia	registered agent, or both, in the State of am familiar with, and accept the obligation	r Florida. Such change was a ons of. Section 617.0503. Flor	uthorized by the corporat	tion's board of directors. I hereby accept the appo	Intment as registered
SIGNATURE					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered Agent signature requir	red when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TATLE	PD	☐ DELETE	1.1 TITLE	在外接	☐ Change ☐ Addition
NAME	EMBERSON, HARRY		1.2 NAME		
STREET ADDRESS	3076 GIFFORD LN		1.3 STREET ADDRESS	2007年的自己的政策。	•
CITY-ST-ZIP	COCONUT GROVE FL		- 1.4 CITY-ST-ZIP		3,000
TITLE ·	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME.	WHITEFIELD, FREDRICKA	÷	2.2 NAME	· ·	
STREET ADDRESS	l'ace a see alors a dalor		2.3 STREET ADDRESS		* .
CITY-ST-ZIP	COCONUT GROVE FL.	•	2. 4 CITY-ST-ZIP	•	
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	EMBERSON, NANCY S		3.2 NAME		
STREET ADDRESS	COROCA CALINATINA COR ALL		3.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRE FL		3.4. CITY- ST-ZIP		
TITLE	•	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		"	4. 2 NAME		,
STREET ADDRESS	[**4 1 **	Comment of the second	4.3 STREET ADDRESS		
CITY-ST-ZIP		Second Control of the	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	The second secon	☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	12		5.4 CITY-ST-ZIP	THE RESERVE OF THE PARTY OF THE	
TITLE	द्धा र्थकार राज्यस्य स्थापन	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	\$076 GF 2050 114	. —	6.2 NAME		— Change — — madison
STREET ADDRESS	Central respection		6.3 STREET ADDRESS	:	
	ST		6.4 CITY-ST-ZIP		
14. I hereby o	and the second s	this filing does not qualify for		Section 119.07(3)(i), Florida Statutes. I further ce	tifu that the information
indicated	on this annual report or supplied with	anual report is true and accur	and exemption stated in	openion i rator (3)(1), ribilda Statutes. I lufther cel	ury diat the information

Indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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:

SNATURE AND TYPED OR PRINTEDWAME OF SIGNING OFFICER OR DIRECTOR

Jan 14, 1999

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