


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90012 048 \*\*\*\*61.25

|  |   |  |
|--|---|--|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # 747969**

1. Corporation Name

**LAS PALMAS CONDOMINIUM NO. 9/10 ASSOCIATION, INC**

Principal Place of Business

1512 S.W. 104 AVE.  
MIAMI FL 33174  
US

Mailing Address

1512 S.W. 104 AVE.  
MIAMI FL 33174  
US



|   |  |   |
|---|--|---|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country | 3. Date Incorporated or Qualified<br><b>07/05/1979</b><br>4. FEI Number<br><b>65-0336449</b><br>5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|---|

9. Name and Address of Current Registered Agent

**CAMPELLO, MORAIMA Y.**  
**1512 S.W. 104 AVENUE**  
**MIAMI FL 33174-2770**

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

*Moraima Y. Campello*

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                      | PTD                  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CAMPELLO, MORAIMA Y  | 1.2 NAME  |   |
| STREET ADDRESS             | 1512 S.W. 104 AVENUE | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MIAMI FL 33174-2770  | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | SD                   | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BASANTES, JORGE      | 2.2 NAME  |   |
| STREET ADDRESS             | 665 BANKS ROAD       | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MARGATE FL 33063     | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | D                    | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BASANTES, CARMEN     | 3.2 NAME  |   |
| STREET ADDRESS             | 665 BANKS ROAD       | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | MARGATE FL 33063     | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 4.2 NAME  |   |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 5.2 NAME  |   |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                      | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 6.2 NAME  |   |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                      | 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:

*Moraima Y. Campello*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/1/99 (305)-551-2262

CR2E037 (1/198)