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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATION
95 APR 12 PM 12:17

DOCUMENT # **748243** **(3)**

1. Corporation Name

PATIO VILLAS BLOCK 4 ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7332 FOX CHAPEL DR. HIALEAH FL 33015 US	7332 FOX CHAPEL DR. HIALEAH FL 33015 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1979
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-1970481 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 19019 West LAKE Dr	26 19019 West Lake Dr.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: HIALEAH, FL.	28 City & State: HIALeah FL.
24 Zip: 33015 25 Country: USA	29 Zip: 33015 30 Country: USA

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RIVERA, ROBERT T. 7332 FOX CHAPEL DR. HIALEAH FL 33015	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 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☐ Change ☐ Addition
NAME	RIVERA, ROBERT R.	12 NAME	RIVERA, Robert R.	
STREET ADDRESS	7332 FOX CHAPEL DR.	13 STREET ADDRESS	7332 Fox Chapel Dr.	SAME
CITY-ST-ZIP	HIALEAH FL	14 CITY-ST-ZIP	HIALeah, FL 33015	
TITLE	VPD	21 TITLE	V.P.D.	☒ Change ☐ Addition
NAME	GANEY, ANTHONY	22 NAME	GUSTAVO GONZALES	
STREET ADDRESS	7320 FOX CHAPEL DR.	23 STREET ADDRESS	7341 STARDUST DR.	
CITY-ST-ZIP	HIALEAH FL	24 CITY-ST-ZIP	HIALeah FL 33015	
TITLE	STD	31 TITLE	S.T.D.	☒ Change ☐ Addition
NAME	RIVERA, IRIS	32 NAME	GAIL GARCIA	
STREET ADDRESS	7332 FOX CHAPEL DR.	33 STREET ADDRESS	19019 West LAKE Dr.	
CITY-ST-ZIP	HIALEAH FL	34 CITY-ST-ZIP	HIALeah FL. 33015	
TITLE	D	41 TITLE	D	☐ Change ☐ Addition
NAME	GUNN, MARGARET	42 NAME	GUNN MARGARET	
STREET ADDRESS	7328 FOX CHAPEL DR.	43 STREET ADDRESS	7328 Fox Chapel Dr	SAME
CITY-ST-ZIP	HIALEAH FL	44 CITY-ST-ZIP	HIALeah FL 33015	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ 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)(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 the 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: Robert R. Rivera ROBERT R. RIVERA 4/3/95 305-829-9670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037768