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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 748243 (3)

1. Corporation Name

PATIO VILLAS BLOCK 4 ASSOCIATION, INC.

Principal Place of Business

19019 WEST LAKE DR
HIALEAH FL 33015
US

Mailing Address

19019 WEST LAKE DR
HIALEAH FL 33015
US



3. Date Incorporated or Qualified

07/30/1979

3a. Date of Last Report

04/12/1995

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

Country

Zip

Country

24

25

29

30

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

Gayle Garcia

82

Street Address (P.O. Box Number is Not Acceptable)

19019 West Lake Drive

83

84

City

Hialeah

FL

85

Zip Code

33015

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

Gayle Garcia

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

(NOTE: Registered Agent signature required when reinstating)

3/11/96

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

P

☐ DELETE

NAME

RIVERA, ROBERT R.

STREET ADDRESS

7332 FOX CHAPEL DR.

CITY-ST-ZIP

HIALEAH FL

TITLE

VPD

☐ DELETE

NAME

GUSTAVO, GONZALES

STREET ADDRESS

7341 STARDUST DR

CITY-ST-ZIP

HIALEAH FL

TITLE

STD

☐ DELETE

NAME

GARCIA, GAIL

STREET ADDRESS

19019 WEST LAKE DR

CITY-ST-ZIP

HIALEAH FL

TITLE

D

☐ DELETE

NAME

GUNN, MARGARET

STREET ADDRESS

7328 FOX CHAPEL DR.

CITY-ST-ZIP

HIALEAH FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

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:

Gayle Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96

Date

(305) 829-1996

Daytime Phone #

CR2E037 (12/95)