FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

(3)

POCUMENT # PATIO VILLAS BLOCK 4 ASSOCIATION, INC. Principal Place of Business Malling Address 19019 WEST LAKE OR 19019 WEST LAKE DR 3. Date Incorporated or Qualified HALEAH FL 33015 HIALEAH FL 33015 <u>07/30/1979</u> 4. FEI Number Applied For 59-1970481 Not Applicable 2. Principal Place of Business Mailing Address \$8.75 Additional 5. Certificate of Status Desired Chapel Dr 7332 7332 FOX tox Chapel Dr Fee Required Suite, Apt. #, etc. Sulte, Apt. #, etç Election Campaign Financing \$5.00 May Be Hialear Hinlean Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a horpeowners association? 23 Yes 28 33015 Zip Country This corporation owes or has paid the current year Intangible SA USA 24 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Lris Kivera Street Address (P.O. Box Number is GARCIA, GAYLE 82 19019 WEST LAKE DRIVE FOX HIALEAH FL 33015 City Zip Code 85 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. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change John O'neil **GUSTAVO, GONZALES** NAME 1.2 NAME Fox chapel Dr 7341 STARDUST DR 7336 STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33015 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE NAME GARCIA, GAYLE 2.2 NAME 19019 WEST LAKE DR STREET ADDRESS 2.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition **GUNN, MARGARET** NAME 3.2 NAME 7328 FOX CHAPEL DR. STREET ADDRESS 3.3 STREET ADDRESS HIALEAH FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE Change 4.1 TITLE NAME 4.2 NAME Rivera Fox Chapel STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE Change 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY ST-ZIP 5.4 CITY - ST - ZIP TITLE Change 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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.

SIGNATURE:

CITY-ST-7IP

325-8199670

FILED

Apr 15 1998 8:00am

Secretary of State