

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 748547 (7)

1. Corporation Name

THE COURTS OF BIRDWOOD CONDOMINIUM ASSOCIATION I NC.



Principal Place of Business

Mailing Address

3731 SW 99 AVE 36  
MIAMI FL 33165

% SPM GROUP INC.  
299 ALHAMBRA CIRCLE #207  
CORAL GABLES FL 33134-5116

3. Date Incorporated or Qualified  
08/16/1979

3a. Date of Last Report  
03/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2100472

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

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

AGUILEVA, RAUL  
299 ALHAMBRA CIRCLE  
STE. 207  
CORAL GABLES FL 33134

81 Name

Raul Aguilera

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

2151 Le Duane Rd Suite

83

305

84 City

Coral Gables

FL

85 Zip Code

33134

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

*[Signature]*

(NOTE: Registered Agent signature required when reinstating)

2/4/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	JANSSENS, SCOTT	
STREET ADDRESS	3761 SW 99TH AVE. #3	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DIAZ, GUILLERMO	
STREET ADDRESS	3731 SW 99TH AVE, #1	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ABADEN, JOSE	
STREET ADDRESS	3811 SW 99TH AVE #7	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PEREZ, R. LUIS	
STREET ADDRESS	3771 SW 99TH AVE. #3	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETERSEN, WALDO JR	
STREET ADDRESS	10951 SW 57TH ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEJIA, PABLO	
STREET ADDRESS	3829 SW 99TH AVE, #9	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Angel Gonzalez	
1.3 STREET ADDRESS	3749 SW. 99 AVE #5	
1.4 CITY-ST-ZIP	MIAMI FL	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gabriel Viera	
2.3 STREET ADDRESS	3649 SW. 99 AVE #6	
2.4 CITY-ST-ZIP	MIAMI FL	
3.1 TITLE	TO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Angel Gutierrez	
3.3 STREET ADDRESS	3649 SW. 99 AVE #1	
3.4 CITY-ST-ZIP	MIAMI, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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:

*[Signature]*

REQUIRED

2/24/97

CR2E037 (9/96)