

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **749047** (7)
1. Corporation Name
LAS VILLAS HOUSING DEVELOPMENT CORPORATION, INC.

FILED
May 08 1997 8:00am
Secretary of State



Principal Place of Business Mailing Address
~~XXXXXXXXXXXXXXXXXXXX~~ ~~XXXXXXXXXXXXXXXXXXXX~~
~~MIAMI, FL 33131~~ ~~MIAMI, FL 33131~~
~~XXXXXXXXXXXX~~ ~~XXXXXXXXXXXX~~

2. Principal Place of Business 21 550 Biltmore Way		2a. Mailing Address 26 550 Biltmore Way		3. Date Incorporated or Qualified 09/24/1979	3a. Date of Last Report 05/16/1996
Suite, Apt. #, etc. 22 Suite 700		Suite, Apt. #, etc. 27 Suite 700		4. FEI Number NOT APPLICABLE	
City & State 23 Coral Gables, FL		City & State 28 Coral Gables, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 33134	Country 25	Zip 29 33134	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CAMNER, ALFRED R., ESQUIRE 1221 BRICKELL AVENUE, SUITE 2500 MIAMI, FL 33131				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 550 Biltmore Way 83 Suite 700 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEDBOR, NIKKI J.	1.2 NAME	
STREET ADDRESS	1221 BRICKELL AVE, #2500	1.3 STREET ADDRESS	550 Biltmore Way, Suite 700
CITY-ST-ZIP	MIAMI, FL 33131	1.4 CITY-ST-ZIP	Coral Gables, FL 33134
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBSON, MARC	2.2 NAME	
STREET ADDRESS	700 PARKWAY DRIVE	2.3 STREET ADDRESS	115 E. Rivo Alto Drive
CITY-ST-ZIP	MIAMI, FL 33131	2.4 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, EARLINE G	3.2 NAME	
STREET ADDRESS	1221 BRICKELL AVENUE, SUITE 2500	3.3 STREET ADDRESS	550 Biltmore Way, Suite 700
CITY-ST-ZIP	MIAMI, FL 33131	3.4 CITY-ST-ZIP	Coral Gables, FL 33134
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 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: Nikki Nedbor (305) 442-4994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026489

CR2E037 (9/96)