FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # 749814

9814

(0)

FILED May 20 1997 8:00am Secretary of State

TOWNS Principal Place 2778 DAY AVEN COCONUT GRO	GAPE HOMEOWNERS AS	Mailing Address 2778 DAY AVENUE. #1 COCONUT GROVE FL 33133	-4678		
			*	3. Date Incorporated or Qualified 11/15/1979	3a. Date of Last Report 03/19/1996
	ace of Business	2a. Mailing Address		4. FEI Number 59-2729125	Applied For
Sulte, Apt.	# etc	Suite, Apt. #, etc.		09-2129-120	Not Applicable \$8.75 Additional
22	n ₁ 0.0.	27		5. Certificate of Status Desired	Fee Required
City & Stete)	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28	Oountry	Trust Fund Contribution	Added to Fees
Zip 24	Country 25		30	This corporation has liability for Florida Statutes	r intangible tax under s. 199.032,
-71	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	
			81 Name	ohn A. KALP	Lan
2778 DA UNIT 1			82 Street Ad 2 7	dress (P.O. Box Number is Not Accepte	able)# 3
COCONUT GROVE FL 33133			84 City M	1Am)	FL 85 Zip Code 33
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 617 950 egistered agent, or both fur the Suht m familiar with, and accept the oblig stream, the subject of the oblig stream, the oblig stream of the stored agents.	150	s, the above-named co ulthorized by the corpor ida Statutes. S. 45.1 Rogistered Agont signature req	rporation submits this statement for the ation's board of directors. I hereby according to the statement of	
12.		ND DIFFICTORS	T 13.	ADDITIONS/CHANGES TO OFF	
TITLE	20-1	DELETE	1.1 TITLE	VI Acoust	Change Addition
NAME	HUFFMAN, JONATHAN D.	_	1.2 NAME	JOSE AREVALO	- 1
STREET ADORESS CITY+ST-ZIP	2778 DAY AVENUE, #1 COCONUT GROVE FL		1.3 STREET ADDRESS 2		1
TITLE	VD	DELETE	2.1 TITLE		Change Addition
NAME	PREHODA, ROGER		2.2 NAME		
STREET ADDRESS	2778 DAY AVE #2		2.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL	DELETE 4	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
TITLE NAME	STD KAUFMAN, JOHN	D DECEME.	3.1 TITLE 3.2 NAME	PD	Orange El roullion
CTRECT ADDRESS	2778 DAY AVE #3		3.3 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL		3.4, CITY-ST-ZIP		
TITLE		DELE1E	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME		-	5.2-NAME		,
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		—	5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME PTDEET ADDOCCO			6.2 NAME		
STREET ADDRESS City-St-Zip			6.3 STREET ADDRESS 6.4 ICHTY - ST - ZIP		
	by certify that the information supplied	ed with this filing does not qualify		ed in Section 119.07(3)(i), Florida Statut	es. I further certify that the

4. 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 eath; that I am an officer or director of the proporation 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 changid, of in an affection with an address.

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305.854.4333