


**FILE NOW: FILING FEE IS \$61.25**

**APPROVED  
AND  
FILED**

**96 FEB -9 AM 9:20**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**700001711157**

NONPROFIT CORPORATION ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 751021 1. Corporation Name					
VECINO DEL MAR OWNERS' ASSOCIATION, INC.					
Principal Place of Business			Mailing Address		
2350 Northeast 135 Street North Miami, Florida					

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		25		2/13/80		12/22/95	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		not applicable		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code			
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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 *Laura R. Dunlap* DATE 2/7/96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	Pres./Treas./Dir.	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	Greenberg, Harold		1.2 NAME				
STREET ADDRESS	12550 Biscayne Boulevard		1.3 STREET ADDRESS				
CITY-ST-ZIP	Miami, Florida		1.4 CITY-ST-ZIP				
TITLE	Alvin, Joseph	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	Sec./V. Pres./Dir.		2.2 NAME				
STREET ADDRESS	12550 Biscayne Boulevard		2.3 STREET ADDRESS				
CITY-ST-ZIP	Miami, Florida		2.4 CITY-ST-ZIP				
TITLE	Dir.	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	Ryan, Marilyn		3.2 NAME				
STREET ADDRESS	12550 Biscayne Boulevard		3.3 STREET ADDRESS				
CITY-ST-ZIP	Miami, Florida		3.4 CITY-ST-ZIP				
TITLE	Assist. Sec.	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	Dunlap, Laura R.		4.2 NAME				
STREET ADDRESS	1201 Hays Street		4.3 STREET ADDRESS				
CITY-ST-ZIP	Tallahassee, Florida 32301		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 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: *Laura R. Dunlap* Laura R. Dunlap, Asst. Secretary 2/7/96 (904) 222-9171

CR2E037 (12/95)