

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **751688** (3)

1. Corporation Name

MONTE BELLO TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1025 W. 77TH ST.
HIALEAH FL 33014

1025 W. 77TH ST.
HIALEAH FL 33014

P.O. BOX 3538
HIALEAH FL
33013

P.O. BOX 3538
HIALEAH FL 33013

2. Principal Place of Business
21 4001 N.W. 5 ST

2a. Mailing Address
26 P.O. BOX 3538

3. Date Incorporated or Qualified
03/24/1980

3a. Date of Last Report
03/21/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
59-2253631

Applied For
Not Applicable

23 City & State
Miami FL

27 City & State
Hialeah FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip 33126 25 State FL

29 Zip 33013 30 State FL

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

MANRESA, VICTOR
1025 W. 77TH ST. #H
HIALEAH FL 33014

81 Name Luzmary Nuñez
82 Street Address (P.O. Box Number is Not Acceptable)
4001 N.W. 5 ST
83
84 City Miami FL 85 Zip Code 33126

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]

[Signature]

1/26/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MANRESA, VICTOR
STREET ADDRESS	1025 WEST 77 ST., UNIT H
CITY - ST - ZIP	HIALEAH FL
TITLE	TD
NAME	MANRESA, LOURDES
STREET ADDRESS	1025 W. 77TH ST. UNIT H
CITY - ST - ZIP	HIALEAH FL
TITLE	VD
NAME	ALVAREZ, MANUEL
STREET ADDRESS	1025 WEST 77 ST., UNIT O
CITY - ST - ZIP	HIALEAH FL
TITLE	S
NAME	MANRESA, FELIX
STREET ADDRESS	2230 NW 8TH AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD
1.2 NAME	ELISA MANCILLA
1.3 STREET ADDRESS	1025 W. 77 ST. #C
1.4 CITY - ST - ZIP	HIALEAH FL 33014
2.1 TITLE	TD
2.2 NAME	FELIX MANRESA
2.3 STREET ADDRESS	2230 N.W. 8 AVE
2.4 CITY - ST - ZIP	MIAMI FL
3.1 TITLE	SD
3.2 NAME	ELISA MANCILLA
3.3 STREET ADDRESS	1025 W. 77 ST. #C
3.4 CITY - ST - ZIP	HIALEAH, FL 33014
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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:

[Signature]

[Signature]

1/26/96

541-1211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (12/95)