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May 20 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 # 751688 (3)

1. Corporation Name

MONTE BELLO TOWNHOUSES CONDOMINIUM ASSOCIATION,
INC.

Principal Place of Business

4001 N.W. 5 ST
MIAMI FL 33013

Mailing Address

P.O. BOX 3538
HIALEAH FL 33013-0538



3. Date Incorporated or Qualified
03/24/1980

3a. Date of Last Report
04/03/1996

4. FEI Number
59-2253631

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

NUNEZ, LUZMARY
4001 N.W. 5 ST
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, 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 ☒ DELETE

NAME MANCILLA, ELISA
STREET ADDRESS 1025 WEST 77 ST., UNIT C
CITY-ST-ZIP HIALEAH FL 33014

TITLE TD ☒ DELETE

NAME MANRESA, FELIX
STREET ADDRESS 2230 N.W. 8 AVE
CITY-ST-ZIP MIAMI FL

TITLE SD ☒ DELETE

NAME MANCILLA, ELISA
STREET ADDRESS 1025 WEST 77 ST., UNIT C
CITY-ST-ZIP HIALEAH FL 33014

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME ALONSO LOPEZ
1.3 STREET ADDRESS 1025 W 77 ST
1.4 CITY-ST-ZIP HIALEAH FL 33014

2.1 TITLE TD ☒ Change ☐ Addition

2.2 NAME SIDNEY MARCH
2.3 STREET ADDRESS 1025 W 77 ST
2.4 CITY-ST-ZIP HIALEAH FL 33014

3.1 TITLE SD ☐ Change ☐ Addition

3.2 NAME ALEIDA PEREZ
3.3 STREET ADDRESS 1025 W 77 ST
3.4 CITY-ST-ZIP HIALEAH FL 33014

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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] DATE: 11/1/97

CR2E037 (9/96)