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NONPROFIT CORPORATION ANNUAL REPORT

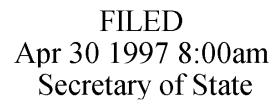


FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997



| COCC   | JMENT # 75294<br>OPLUM HOMEOWNERS AS  | ` '  |  |  |  |   |  |
|--|---|--|--|--|--|---|--|
| Principal Pla  | ice of Business   | Mailing Address  |  |  |  | EHRIK BURUK BIRIK B                           |  |
| 155 ISLA DORADA BLVD<br>CORAL GABLES FL 33143 155 ISLA DORADA BLVD<br>CORAL GABLES FL 33143  |   |  |  |  |  |   |  |
|  |   |  |  |  | 3. Date incorporated or Qualified 3a, 06/13/1980   | Date of Last F<br>03/11/19                    |  |
| 2. Principal   | Place of Business   | 2a. Mailing Address<br>26  |  |  | 4. FEI Number<br>59-2025096  |   | pplied For of Applicable               |
| Suite, Ap  | t. #, etc.  | Suite, Apt. #, etc.  |  |  | 5. Certificate of Status Desired   |   | Additional                             |
| 2  |   | 27   |  |  |  |   | equired                                |
| City & St.   | ate   | City & State   |  |  | 6. Election Campaign Financing Trust Fund Contribution   |   | May Be<br>to Fees                      |
| Zıp  | Country   | Zip  | Country  | У  | 8. This corporation has liability for intangit   | ole tax under t                               |  |
| 4  | 25<br>9. Name and Address of Curr   | 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20                                | 30   |  | Florida Statutes Yes  10. Name and Address of New Registers  |   |  |
|  | 8, 1tanta and 1tanta of Cart  | on nogacora ngon   | 81   | Name   | 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.  | - rigeni                                      |  |
| KALLICHE, ANTHONY A  |   |  | 82   | Street Ac  | Idress (P.O. Box Number Is Not Acceptable)   | <del></del>                                   |  |
|  | LUE LAGOON DR. #250   |  | 83   |  | Tot Marios (1.0. Dox Haribot is Not Accordance)  |   |  |
|  | RFORD CENTER PARK   |  | [8   |  |  |   |  |
| MIAMI FL 33126   |   |  | 84   | City   |  | 85 Zip  | Code                                   |
|  |   | ate of Florida. Such change was<br>ligations of, Section 617.0503, f           | utes, the abov<br>s authorized b<br>Florida Statute  | re-named co<br>y the corpo<br>s.   | orporation submits this statement for the purpose ration's board of directors. I hereby accept the a   | ppointment as                                 | its registered<br>s registered         |
| SIGNATURE<br>12.<br>TITLE<br>NAME  | Signature typed or printed name of registered OFFICERS A D ROBERTS, H. C  |  | OTE: Registered Ag 13. 1.1 TITLE 1.2 NAME  | ent signature re   | aulted when reinflating)  ADDITIONS/CHANGES TO OFFICERS A  |   |  |
| SIGNATURE  112.  TITLE  NAME  STREET ADDRESS   | Signature typed or printed name of registered OFFICERS A D ROBERTS, H. C 195 CAOBA CT   | agent and little if applicable. (NO  | TE: Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREE   | ent signature re   | aulied when reinstating)  ADDITIONS/CHANGES TO OFFICERS A  VP D  TORWITZ (DBRRT  130 Dolling Ct  | ND DIRECTO                                    | RS IN 12                               |
| SIGNATURE  12.  IITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   | Signature typed or printed name of registered OFFICERS A D ROBERTS, H. C  | agent and little if applicable. (NO  | OTE: Registered Ag 13. 1.1 TITLE 1.2 NAME  | T ADORESS ST-ZIP   | ADDITIONS/CHANGES TO OFFICERS A  VP D  TORWITZ EDBRET  DRAL GAPIES, FL 3314  | ND DIRECTO                                    | RS IN 12                               |
| SIGNATURE  2.  ITLE  IAME  ITREET ADDRESS  ITLY - ST - ZIP  ITLE  IAME   | Signature typed or printed name of registered OFFICERS A  D ROBERTS, H. C 195 CAOBA CT CORAL GABLES FL TD DIAZ, JORGE   | agent and title if applicable. (NO<br>NOD DIRECTORS DELETE                     | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME  | T ADORESS  | auted when reinflating)  ADDITIONS/CHANGES TO OFFICERS A  VP D  TO DOLLAR CH  Deal Gaptes, FL 3314;  TO  Seniamin Da 400   | ND DIRECTO Change                             | RS IN 12 Addition                      |
| SIGNATURE  IZ.  IIILE  IAME  STREET ADDRESS  THEET ADDRESS  STREET ADDRESS   | Signature typed or printed name of registered OFFICERS A  D ROBERTS, H. C 195 CAOBA CT CORAL GABLES FL IDT  | agent and title if applicable. (NO<br>NOD DIRECTORS DELETE                     | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CHY- 2.1 TITLE 2.2 NAME 2.3 STREE   | T ADDRESS T ADDRESS T ADDRESS T  | auted when reinflating)  ADDITIONS/CHANGES TO OFFICERS A  VP D  HORWITZ, EDBRET  130 Dollie CH  DRAL GARIES, FL 3314;  TO  Senjamin Da Heo  155 LAGO DELVE EAST  | ND DIRECTO Change  Change                     | RS IN 12 Addition                      |
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| 2.  ITLE  IAME  ITREET ADDRESS  ITTLE  IAME  ITREET ADDRESS  ITTLE  IAME   | Signature typed or printed name of registered OFFICERS A  D ROBERTS, H. C 195 CAOBA CT CORAL GABLES FL TD DIAZ, JORGE 9001 SW 68 TERRACE MIAMI FL TD CONESE, MARIANNE 130 ROSALES CT  | agent and little if applicable. (NO NO DIRECTORS DELETE                        | 13. 11 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-: 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE   | T ADDRESS T ADDRESS T ADDRESS T ADDRESS  | autied when reinstating)  ADDITIONS/CHANGES TO OFFICERS A  VP D  HORWITZ, EDBERT  130 Dolling Ct  Deal Gapies, FL 3314,  FO  Benjamin Da Meo 155 LAGO Delve EAST  Deal Gables, FI 3316  Debra Feark  33 Rosules Ct | ND DIRECTO Change  Change Change              | RS IN 12<br>MAddition  Addition        |
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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 13 if changed or on an attachment with an address.

SIGNATURE:

Daytime Phone # 0030068