

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00<sup>k</sup>

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 753124 (7)

1. Corporation Name

WINGS II TOWNHOUSE APARTMENTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

696 FORREST DR.  
MIAMI SPRINGS FL 33166

696 FORREST DR.  
MIAMI SPRINGS FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/26/1980

3a. Date of Last Report

04/13/1994

4. FEI Number

59-2836778

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

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☐ \$68.75 Supplemental  
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

\*MACKOUL, WALTER  
5825 SUNSET DR.  
STE.201  
SOUTH MIAMI FL 33143

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PT  
NAME SIDDIQUI, MOHAMMAD Y  
STREET ADDRESS 696 FORREST DR #3  
CITY- ST- ZIP MIAMI SPRINGS FL

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP

TITLE SD  
NAME FARRELL, MARIANNE  
STREET ADDRESS 696 FORREST DR #2  
CITY- ST- ZIP MIAMI SPRINGS FL

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP

TITLE VD  
NAME CLAUDE, ROBERT L  
STREET ADDRESS \*\* FORREST DR #4  
CITY- ST- ZIP MIAMI SPRINGS FL

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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:

*M. Y. Siddiqui*

MOHAMMAD Y. SIDDIQUI

4/24/95 (305) 889-1007