

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 12: 02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 754503 (1)**  
1. Corporation Name  
**GLADEWIND HEIGHTS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**9085 S.W. 112 PLACE MIAMI FL 33186** **12000 S.W. 114 PLACE MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/07/1980** 3a. Date of Last Report **04/18/1994**  
4. FEI Number **59-2115921** 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. 192.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. **13388 SW 128 Street**  
22. City & State 27. Suite, Apt. #, etc.  
23. City & State 28. **MIAMI, FLORIDA**  
24. Zip 25. Country 29. **33186** 30. Country

9. Name and Address of Current Registered Agent  
**HYMAN, MICHAEL L  
44 W FLAGLER ST  
MIAMI FL 33130**

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 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 fee 4 applicable. NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>WHITNEY, DONALD</b>
STREET ADDRESS	<b>9028 SW 112 PL</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>VP</b>
NAME	<b>BENNETT, BARBARA</b>
STREET ADDRESS	<b>11273 SW 91ST TERR</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>T</b>
NAME	<b>MENTIEL, WILLIAM</b>
STREET ADDRESS	<b>8803 SW 112TH PL</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>S</b>
NAME	<b>MICHALSON, JEFF</b>
STREET ADDRESS	<b>9023 S.W. 112 PLACE</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>SEGEL, DON</b>
STREET ADDRESS	<b>11258 SW 90TH LN</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>JEFF MICHALSON</b>	
1.3 STREET ADDRESS	<b>9023 SW 112 Place</b>	
1.4 CITY - ST - ZIP	<b>Miami, Fla 33176</b>	
2.1 TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DONALD WHITNEY</b>	
2.3 STREET ADDRESS	<b>9028 SW 112 Place</b>	
2.4 CITY - ST - ZIP	<b>Miami Florida 33176</b>	
3.1 TITLE	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DON SEGAL</b>	
3.3 STREET ADDRESS	<b>11258 SW 90 Lane</b>	
3.4 CITY - ST - ZIP	<b>Miami Fla 33176</b>	
4.1 TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>BETTY HENDRICH</b>	
4.3 STREET ADDRESS	<b>11256 SW 90 Lane</b>	
4.4 CITY - ST - ZIP	<b>Miami Fla 33176</b>	
5.1 TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>BARBARA BENNETT</b>	
5.3 STREET ADDRESS	<b>11273 SW 91 Terrace</b>	
5.4 CITY - ST - ZIP	<b>Miami Fla 33176</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: JEFFREY L. MICHALSON 4/10/95 305-662-6011  
DATE DAYTIME PHONE #  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR