


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754503

1. Corporation Name
GLADEWIND HEIGHTS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 9085 S.W. 112 PLACE MIAMI FL 33186	Mailing Address 13388 SW 128 STREET MIAMI FL 33186 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 10/07/1980	4. FEI Number 59-21-15921	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

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 **Glen Colvin, CARL**
 82 Street Address (P.O. Box Number is Not Acceptable) **Katherine Management, Inc**
 83 **13388 SW 128 ST**
 84 City **Miami** 85 State **FL** Zip Code **33186**

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]* DATE **1/15/99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MICHALSON, JEFF	
STREET ADDRESS	9023 SW 112 PLACE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SEGAL, DON	
STREET ADDRESS	11258 SW 90 LANE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VARGO, MARK	
STREET ADDRESS	11277 S.W. 90 LANE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LONGORIA, TONY D	
STREET ADDRESS	9061 SW 112 CT	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	Ines Casagrove	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Ines Casagrove SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	11272 SW 91 Ave	
1.3 STREET ADDRESS	Miami, FL 33176	
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE: *[Signature]* PRESIDENT DATE: **1/11/99** DAYTIME PHONE #: **305-662-6011**

CR2E037 (11/98)