

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

**APPROVED  
AND  
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95 APR 20 AM 7:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 756387 (7)**

1. Corporation Name  
**THE OFFICE VILLAGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
14050 SW 84 ST 105 MIAMI FL 33183 US	14050 SW 84 ST 105 MIAMI FL 33183 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/16/1981</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>59-2395163</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc. <b>102</b>	26 Suite, Apt. #, etc. <b>102</b>
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent

**ADAMS, KAY GARBUTT  
14050 SW 84  
105  
MIAMI FL 33183**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**14050 SW 84 ST**  
83 City  
**102**  
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: Kay Adams, Sec. DATE: 4/17/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AMBER, LAURIE
STREET ADDRESS	7731 SW 62ND AVE
CITY-ST-ZIP	MIAMI FL
TITLE	VP
NAME	MARLIN, ROBERT
STREET ADDRESS	7701 SW 62ND AVE
CITY-ST-ZIP	MIAMI FL
TITLE	S
NAME	ADAMS, KAY GARBUTT
STREET ADDRESS	14050 SW 84 ST 105
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	GLENN, WILLIAM D.
STREET ADDRESS	7741 S.W. 62ND AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	LIVINGSTONE, ANTHONY
STREET ADDRESS	7731 SW 62 AVENUE
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	LIVINGSTONE, DON
STREET ADDRESS	7711 SW 62 AVENUE
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>John Sutton</b>
1.3 STREET ADDRESS	<b>7721 SW 62 CT, #101</b>
1.4 CITY-ST-ZIP	<b>Miami, FL. 33143</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PD</b>
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>14050 SW 84 ST. 102</b>
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: Kay Adams, Sec. DATE: 4/17/95 305-386-4855