

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 756387 (7)**  
1. Corporation Name  
**THE OFFICE VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **14050 SW 84 ST SUITE 102 MIAMI FL 33183 US**  
Mailing Address: **14050 SW 84 ST SUITE 102 MIAMI FL 33183 US**

3. Date Incorporated or Qualified: **02/16/1981**  
3a. Date of Last Report: **04/20/1995**  
4. FEI Number: **59-2395163**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **ADAMS, KAY GARBUTT 14050 SW 84 ST SUITE 102 MIAMI FL 33183**  
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address, 83, 84 City, 85 Zip Code

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: *Kay Adams, Sec* 3/20/96  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD NAME: AMBER, LAURIE STREET ADDRESS: 7731 SW 62ND AVE CITY-ST-ZIP: MIAMI FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: TP 1.2 NAME: John Sutton 1.3 STREET ADDRESS: 7731 SW 62 Ave 1.4 CITY-ST-ZIP: Miami, FL 33143	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: MARLIN, ROBERT STREET ADDRESS: 7701 SW 62ND AVE CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: ADAMS, KAY GARBUTT STREET ADDRESS: 14050 SW 84TH ST, 102 CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	3.1 TITLE: 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: GLENN, WILLIAM D. STREET ADDRESS: 7741 S.W. 62ND AVE. CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: LIVINGSTONE, ANTHONY STREET ADDRESS: 7731 SW 62 AVENUE CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: LIVINGSTONE, DON STREET ADDRESS: 7711 SW 62 AVENUE CITY-ST-ZIP: MIAMI FL	<input type="checkbox"/> DELETE	6.1 TITLE: DAV 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Kay Adams, Sec* 3/20/96 305-386-4855  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)