FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757944 (4)

1. Corporation Name

HUMMINGBIRD VILLAS I CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
87 NE 44TH ST. #5 FT. LAUDERDALE FL 33334	87 NE 44TH ST. #5 FT. LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1981
3a. Date of Last Report: 03/18/1994
4. FEI Number: 59-2555392 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BONIELLO, ROSE MARIE
87 NE 44TH ST. #5
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 800400148178
-05/09/95--01149--006
****130.00 ****130.00
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MANLEY, COLLEEN	12 NAME	800400148178
STREET ADDRESS	1200 GALGANO AVE	13 STREET ADDRESS	-05/09/95--01149--007
CITY-ST-ZIP	DELTONA FL	14 CITY-ST-ZIP	******8.75 ******8.75
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	BONIELLO, ROSE MARIE	22 NAME	
STREET ADDRESS	87 NE 44TH ST. #5	23 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	GENNARELLI, MARY	32 NAME	
STREET ADDRESS	216 LAFAYETTE AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	HWATHORNE NJ	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	GARJIAN, S.S.	42 NAME	
STREET ADDRESS	1075 E PLYMOUTH AVE	43 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: Rose Marie Boniello Rose Marie Boniello 4/27/95 305-771-2445
SIGNATURE AND TYPED OR PRINTED NAME OF BIONIO OFFICER OR DIRECTOR — Date — Daytime Phone #

0047408