

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 758221 (6)
1. Corporation Name
CARMEL FOREST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**3666 SW 57TH AVE.
MIAMI FL 33155**

Mailing Address
**3666 SW 57TH AVE.
MIAMI FL 33155**

3. Date Incorporated or Qualified
10/29/1981

3a. Date of Last Report
04/19/1995

4. FEI Number
59-2345849

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 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRIGGLE, WILLIAM
3606 SW 57TH AVE
MIAMI FL 33155**

81 Name
ESCALONA, FABIO

82 Street Address (P.O. Box Number is Not Acceptable)
3606 SW 57TH AVE

83

84 City
Miami

85 Zip Code
FL 33155

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 *Fab Escalona* **FABIO ESCALONA** **March 15, 1996**

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	TD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SIMAN, JOSE	1.2 NAME	
STREET ADDRESS	3646 SW 57TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	PD ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRIGGLE, WILLIAM	2.2 NAME	FABIO ESCALONA
STREET ADDRESS	3606 SW 57TH AVE.	2.3 STREET ADDRESS	3606 SW 57TH AVE.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL 33155
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DAWSON, SCOTT	3.2 NAME	
STREET ADDRESS	3642 SW 57 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Fab Escalona - **March 15, 1996**

(305)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)