

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 # **763976** (8)

1. Corporation Name

GARDEN LAKE TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**AMA MANAGEMENT
5050 NW 74TH AVENUE
MIAMI FL 33166
US**

**5050 NW 74TH AVENUE
MIAMI FL 33166
US**

3. Date Incorporated or Qualified

06/30/1982

3a. Date of Last Report

02/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2335769

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORALES, ANICIA
1722 S.W. 84 CT.
MIAMI FL 33155**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Anicia Morales Manager Anicia Morales

1-22-96

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 ☐ DELETE

NAME **PD
BERENGER, SONIA**
STREET ADDRESS **1101 SW 122ND AVENUE**
CITY - ST - ZIP **MIAMI, FL**

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE ☐ DELETE

NAME **SD
~~MARITZA CALLADAS~~**
STREET ADDRESS **~~1101 SW 122ND AVE~~**
CITY - ST - ZIP **~~MIAMI FL~~**

21 TITLE ☐ Change ☐ Addition

22 NAME **SD Benilde Salazar**
23 STREET ADDRESS **1101 SW 122 AVE #207**
24 CITY - ST - ZIP **Miami - FL**

TITLE ☐ DELETE

NAME **TD
FLEITAS, PEDRO**
STREET ADDRESS **1101 SW 122ND AVE**
CITY - ST - ZIP **MIAMI FL**

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE ☐ DELETE

NAME **VPD
LOPEZ, ORION**
STREET ADDRESS **1101 SW 122ND AVE**
CITY - ST - ZIP **MIAMI FL**

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
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)(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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 - 22 - 96

(305) 593 1141

Date

Daytime Phone #

CR2E037 (12/95)