

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 18 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                           |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

DOCUMENT # **765043** (5)

1. Corporation Name

**BIRDGROVE TOWNHOUSES CONDOMINIUM, INC.**

|                                                                                             |                                                                                             |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| Principal Place of Business                                                                 | Mailing Address                                                                             |
| % CAPITAL DEVELOPMENT AND INVESTMENT CORP.<br>2150 CORAL WAY, SIXTH FLOOR<br>MIAMI FL 33145 | % CAPITAL DEVELOPMENT AND INVESTMENT CORP.<br>2150 CORAL WAY, SIXTH FLOOR<br>MIAMI FL 33145 |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Country             |
| 24                             | 29                     |

|                                                                                                     |                                                          |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 3. Date Incorporated or Qualified                                                                   | Applied For                                              |
| 10/12/1982                                                                                          | Not Applicable                                           |
| 4. FEI Number                                                                                       |                                                          |
| 65-0504654                                                                                          |                                                          |
| 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. Is this nonprofit corporation a homeowners association?                                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, GARY V ESQ.  
1230 NW 7TH STREET  
MIAMI FL 33125

|                                                       |
|-------------------------------------------------------|
| 81 Name                                               |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 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

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                            | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | LOURDES, LORENZO-LUACES       | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | % 2150 CORAL WAY, 6TH FLOOR   | 1.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | MIAMI FL 33145                | 1.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | D                             | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | LOVIO, HECTOR                 | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             | % 2150 CORAL WAY, 6TH FLOOR   | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | MIAMI FL 33145                | 2.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | D                             | 3.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | DUARTE, PETER                 | 3.2 NAME                                              |                                                                              |
| STREET ADDRESS             | % 2150 CORAL WAY, 6TH FLOOR   | 3.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | MIAMI FL 33145                | 3.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | S                             | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | PINIELLA, TANIA               | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             | C/O 2150 CORAL WAY, 6TH FLOOR | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | MIAMI FL                      | 4.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      |                               | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                               | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                               | 5.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                               | 5.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      |                               | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                               | 6.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                               | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                               | 6.4 CITY-ST-ZIP                                       |                                                                              |

14. I hereby certify that the information supplied with this filing 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:

*[Signature]*

2/11/98 305-858-5620

CR2E037 (1097)