

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **766240** (6)

1. Corporation Name
VILLA REGINA ASSOCIATION, INC.



Principal Place of Business: **1581 BRICKELL AVE. MIAMI FL 33129**
Mailing Address: **1581 BRICKELL AVE. MIAMI FL 33129**

3. Date Incorporated or Qualified: **12/22/1982**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2248888**
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
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**HAYMAN, MICHEAL
44 W REAGLER ST
14TH FLOOR
MIAMI FL 33130**

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DOHERTY, RICHARD	
STREET ADDRESS	1581 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HARPER, ERNEST	
STREET ADDRESS	1581 BRICKELL AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SLONIM, RALPH	
STREET ADDRESS	1581 BRICKELL AVE 1801	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWEDEL, ROBERT	
STREET ADDRESS	1581 BRICKELL AVE 1505	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HARRINGTON, CARLOS GUERRAN	
STREET ADDRESS	1581 BRICKELL AVE 1202	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President/Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ernest Harper	
1.3 STREET ADDRESS	1581 Brickell #PH101	
1.4 CITY-ST-ZIP	Miami, Fl 33129	
2.1 TITLE	V. Pres./Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Gerald Maldonado	
2.3 STREET ADDRESS	1581 Brickell Ave #702	
2.4 CITY-ST-ZIP	Miami Fl 33129	
3.1 TITLE	Secretary / Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ralph Slonim, MD	
3.3 STREET ADDRESS	1581 Brickell Ave #1801	
3.4 CITY-ST-ZIP	Miami, Fl 33129	
4.1 TITLE	Jorge Castro	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Treasurer/ Director	
4.3 STREET ADDRESS	1581 Brickell Ave #2003	
4.4 CITY-ST-ZIP	Miami Fl 33129	
5.1 TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Harvey Young	
5.3 STREET ADDRESS	1581 Brickell Ave #T201	
5.4 CITY-ST-ZIP	Miami Fl 33129	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	700001919227	
6.3 STREET ADDRESS	-08/12/96--01041--049	
6.4 CITY-ST-ZIP	***61.25	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/96

Daytime Phone #

CR2E037 (12/95)