FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

768565

(4)

| 1. Corporation | MENT # 768565 AND RANCH ESTATES ASS | \ / | | | | | |
|---|---|---|---------------------------------|---|--|---|------------------------------------|
| Principal Place of Business | | Mailing Address | | | - I IEEEN IVII ENVE IVII ENVE ENVE ENVE | AFT QIQII DIBII DIBII DIBII | |
| 12715 ROLLING ROAD DRIVE MIAMI FL 33156-5646 | | 12715 ROLLING ROAD DRIVE MIAMI FL 33156-5646 | | | | | |
| | | | | | Date Incorporated or Qualified 05/20/1983 | 3a. Date of Last 04/21/1 | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| 1 | · ' - | | | | | | Not Applicable |
| Suite, Apt #, etc. | | Suité, Apt. #, etc. | | 5. Certificate of Status Desired | 1 1 7 | 5 Additional | |
| City & State | | City & State | 7 City & State | | C Floring Commiss Emposing | | Required |
| 3 | ; | 28 | | Election Campaign Financing Trust Fund Contribution | | 00 May Be ed to Fees | |
| Ziρ | Country | Zφ | Country | | 8. This corporation has liability for in | | |
| 4 | 25 | 29 | 30 | | | Yes X No | |
| | 9. Name and Address of Current | Registered Agent | 81 | Name | 10. Name and Address of New Re | gistered Agent | |
| | | | | | | | |
| KISH, TIMOTHY E., ESQ. 1221 BRICKELL AVE. | | | 82 | Street Addr | ess (P.O. Box Number is Not Acceptable) | | |
| 6TH FLO | | | 83 | | | | |
| MIAMI F | | | | Ö+. | | 00.7 | ıp Code |
| MINAMILL | 2 00 10 1 | | 84 | City | | FL 85 Z | .p Code |
| or register familiar wit | to the provisions of Sections 617.0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Section | Such change was authorized | s, the above-i d by the corp | named corpor ioration's boar | ation submits this statement for the purp rd of directors. I hereby accept the appoi | ose of changing its in ntment as registered | registered office d agent. I am |
| SIGNATURE _ | Signature, typed or printed name of registered agent a | | | nt signature require: | | DATE | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFIC | | |
| TIELE | PD | DOETELE | 1.1 TIFLE 1.2 NAME | | | Change | ☐ Addition |
| NAME STREET ADDRESS | CARLTON, ROGER 12715 ROLLING ROAD DR. | | | ADDRESS | | | |
| DITY - ST - ZIP | MIAMI FL | | | ST - ZIP | | | |
| TITLE | VD. | DELETE | 2 1 TITLE | | | ☐ Change | Addition |
| NAME | SCHWARTZ, STEVE | | | | | | |
| STREET ADDRESS | 5840 MOSS RANCH RD. | | 23 STREE | ADDRESS | | | |
| CITY ST-ZIP | MIAMI FL | Filor, Fre | 2 4 CITY | ST-ZIP | | Chann | CD Addison |
| TITLE | SD | DELETE | 3 1 1) ILE | | | Change | Addition |
| NAME | BAUMBERGER, MARTHA M. | | 3 2 NAME | T ADDRESS | | | |
| STREET ADDRESS CITY - ST - ZIF | 5755 SUNCREST DR. MIAMI FL | | 34 CITY- | | | | |
| TITLE | TD | DELETE | 4.1 TITLE | <u> </u> | | ☐ Change | Addition |
| NAMÉ | HEINL, LARRY | | 4 2 NAME | | | | |
| STREET ADDRESS | 5801 MOSS RANCH ROAD | | 4.3 STREE | I ADDRESS | | | |
| CiTY - \$1 - ZiP | MIAMI FL | | 4 4 CITY - : | ST-ZIP | | | |
| TITLE | ∣ v o | DELETE | 5 1 TITLE | | 40000172 | 1 Change | Addition |
| NAME | MONDSCHEIN, LEN | | 5 2 NAME | | 40000172 -02/23/96010 | 17004 | |
| STREET ADDRESS | 12700 ROLLING ROAD DR. | | 1 | T ADDRESS | ***61.25 | | |
| CITY-ST-ZIP TITLE | MIAMI FL | DELETE | 5.4 CITY -: 6.1 THILE | 51 - ZIP | | ☐ Change | Addition |
| NAME | | <u></u> | 6.2 NAME | | | | |
| STREET ADDRESS | | | | T ADDRESS | | | |
| CITY OF ZID | | | 6.4 CITY - | \$T · ZIP | | | |
| 14. I do hereb | by certify that the information supplied v | vith this fiting is voluntarily furni | shed and doc | es not qualify f | for the exemption stated in Section 119.0 |)7(3)(k), Florida Statu same legal effect as | ites. I further if made under |
| oath; that appears in | I am an officer or director of the corpo n Block 12 or Block 13 if changed or | ration of the receiver/or trustee in an attachment with an addre | empowered | to execute th | for the exemption stated in Section 119.0 ate and that my signature shall have the s is report as required by Chapter 617, Flo | rida Statutes; and th | nat my name |

SIGNATURE:

SIGNATURE AND TYPEN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSE M. Carlton 1/30/96

Cisto Carlton 1/30/96

Cisto Carlton 1/30/96