

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 # **769433** (4)

1. Corporation Name

HOMES FOR SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

**1390 BRICKELL AVENUE, SUITE 270
MIAMI FL 33131**

**1390 BRICKELL AVENUE, SUITE 270
MIAMI FL 33131**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/18/1983

3a. Date of Last Report

04/26/1995

4. FEI Number

59-2307683

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

10. Name and Address of New Registered Agent

**LEE, MARIE A
1390 BRICKELL AVENUE, SUITE 270
MIAMI FL 33131**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **ED** ☐ DELETE
NAME **LEE, MARIE A**
STREET ADDRESS **1390 BRICKELL AVENUE, SUITE 270**
CITY-ST-ZIP **MIAMI FL 33131**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **C** ☐ DELETE
NAME **HENRIQUES, ADOLFO**
STREET ADDRESS **C/O 80 S.W. 8TH STREET, 22ND FLOOR**
CITY-ST-ZIP **MIAMI FL 33131**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **White, John**
2.3 STREET ADDRESS **200 East Broward Blvd., 10th Floor**
2.4 CITY-ST-ZIP **Ft. Lauderdale, Florida 33301**

TITLE **D** ☒ DELETE
NAME **ALEXANDER, PATRICK**
STREET ADDRESS **701 BRICKELL AVENUE, 33RD FLOOR**
CITY-ST-ZIP **MIAMI FL 33131**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **Sucher, Robert**
3.3 STREET ADDRESS **1399 S.W. 1st Avenue, 2nd Floor**
3.4 CITY-ST-ZIP **Miami, Florida 33131**

TITLE **D** ☐ DELETE
NAME **CANDELA, HILARIO**
STREET ADDRESS **800 DOUGLAS ENTRANCE, 2ND FLOOR**
CITY-ST-ZIP **CORAL GABLES FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **FINE, MARTIN**
STREET ADDRESS **100 S.E. 2ND STREET, 35TH FLOOR**
CITY-ST-ZIP **MIAMI FL 33131**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **TD** ☒ DELETE
NAME **BRASH, DOUGLAS M**
STREET ADDRESS **515 NORTH FLAGLER DRIVE, SUITE 2100**
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **Henriques, Adolfo**
6.3 STREET ADDRESS **C/O 100 S.E. 2nd Street, 30th Floor**
6.4 CITY-ST-ZIP **Miami, Florida 33131**

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:

M. Lee / Marie Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-96

(305) 579-3076

Date

Daytime Phone #

CR2E037 (12/95)