

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 # **770834** (0)

1. Corporation Name

MILLER DREAMS II TOWNHOMES ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O JPM SERVICES
P.O. BOX 820210
SOUTH FLORIDA FL 33082-7210

C/O JPM SERVICES
P.O. BOX 820210
SOUTH FLORIDA FL 33082-7210

3. Date Incorporated or Qualified

10/18/1983

3a. Date of Last Report

02/08/1995

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

4. FEI Number

59-2616206

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECKER, POLIAKOFF & STREITFELD, P.A.
ROSA DE LA CAMARA
6161 BLUE LAGOON DR., SUITE 250
MIAMI FL 33126

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 **D** ☐ DELETE
NAME **ALBURY, CINDY**
STREET ADDRESS **5911 S.W. 133 CT.**
CITY-ST-ZIP **MIAMI FL**

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

TITLE **VD** ☒ DELETE
NAME **TRAVIESO, LUIS**
STREET ADDRESS **5920 S.W. 133 PLACE**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **SILVIA ECHEVARRIA**
2.3 STREET ADDRESS **13330 SW 59 TR**
2.4 CITY-ST-ZIP **MIAMI, FL 33183**

TITLE **PD** ☒ DELETE
NAME **RODRIGUEZ, EUNICE**
STREET ADDRESS **5927 SW 133RD PLACE**
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **TO RICHARD RODRIGUEZ**
3.3 STREET ADDRESS **13325 SW 59 TR**
3.4 CITY-ST-ZIP **MIAMI, FL 33183**

TITLE **SD** ☒ DELETE
NAME **RAMIREZ, MARIA**
STREET ADDRESS **13324 SW 60 TR**
CITY-ST-ZIP **MIAMI FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **LEO ASECIO**
4.3 STREET ADDRESS **5913 SW 133 PL**
4.4 CITY-ST-ZIP **MIAMI, FL 33183**

TITLE **PD** ☐ DELETE
NAME **LOPEZ, JOSE**
STREET ADDRESS **13352 SW 59 LN**
CITY-ST-ZIP **MIAMI FL**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 in an attachment with an address.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-96

821-0059

CR2E037 (12/95)