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Apr 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33082-0210

3. Date Incorporated or Qualified
10/18/1983

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip 33082-0210 Country

28 Zip Country

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
-6101 BLUE LAGOON DR., SUITE 250-
MIAMI FL 33126

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 5201 Blue Lagoon Dr. Ste. 100

84 City MIAMI FL 85 Zip Code 33126

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

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

TITLE VD ☒ DELETE
NAME ECHEVARRIA, SILVIA
STREET ADDRESS 13330 S.W. 59TH TR
CITY-ST-ZIP MIAMI FL

TITLE ~~TD~~ ☒ DELETE
NAME RODRIGUEZ, RICHARD
STREET ADDRESS 13325 S.W. 59TH TR
CITY-ST-ZIP MIAMI FL

TITLE SD ☐ DELETE
NAME ASENCIO, LEO
STREET ADDRESS 5913 S.W. 133RD PLACE
CITY-ST-ZIP MIAMI FL

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☒ Change ☐ Addition
1.2 NAME CHARLES LEONARD
1.3 STREET ADDRESS 13353 SW 59TH TR
1.4 CITY-ST-ZIP MIAMI, FL. 33183

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME BRIAN COLON
2.3 STREET ADDRESS 6029 SW 133 CT.
2.4 CITY-ST-ZIP MIAMI FL. 33183

3.1 TITLE DIRECTOR ☐ Change ☒ Addition
3.2 NAME SAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 33183

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 33183

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 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.

CP2E037 (9/96)