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Apr 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01569 (5)
1. Corporation Name
YVONNE HOUSE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1820 BAY ROAD
MIAMI BEACH FL 33139

Mailing Address
1820 BAY ROAD
MIAMI BEACH FL 33139-1416

3. Date Incorporated or Qualified 02/21/1984
3a. Date of Last Report 03/14/1996

2. Principal Place of Business
21 1700 W. 58th Street
Suite, Apt. #, etc.

2a. Mailing Address
26 1700 West 58th Street
Suite, Apt. #, etc.

4. FEI Number 59-2454081
Applied For Not Applicable

22 City & State
23 Hialeah, FL

27 City & State
28 Hialeah, FL

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

24 Zip 33012 25 Country Dade
29 Zip 33012 30 Country Dade

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

KRATISH, JACK
1820 BAY ROAD
MIAMI BEACH FL 33139

81 Name Graciela Corvo
82 Street Address (P.O. Box Number is Not Acceptable) 1700 West 58th Street
83
84 City Hialeah FL 85 Zip 33012

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 *Graciela Corvo* 4-1-97
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	VPD <input checked="" type="checkbox"/> DELETE
NAME	ADAN, MARIA
STREET ADDRESS	1724 W. 58TH ST., UNIT 1
CITY-ST-ZIP	HIALEAH FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	TEIFELBALM, GERALD
STREET ADDRESS	1820 BAY RD.
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	KRATISH, JACK
STREET ADDRESS	1820 BAY ROAD
CITY-ST-ZIP	MIAMI BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Pres. and Sec. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Director
1.3 STREET ADDRESS	Graciela Corvo
1.4 CITY-ST-ZIP	1700 West 58th Street Hialeah, FL 33012
2.1 TITLE	Director/Vice Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jose Gil
2.3 STREET ADDRESS	1716 West 58th Street
2.4 CITY-ST-ZIP	Hialeah, FL 33012
3.1 TITLE	Director/Treas. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Massiel Colomina
3.3 STREET ADDRESS	1708 West 58th Street
3.4 CITY-ST-ZIP	Hialeah, FL 33012
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Graciela Corvo* 4-1-97 557-3332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027421

CR2E037 (9/96)