FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:11

DOCUMENT # N03431 (6)

1. Corporation Name
INGLEWOOD TOWNHOMES CONDOMINIUM ASSOCIATION, INC

Principal Place of Business	Mailing Address
299 ALHAMBRA CIRCLE, SUITE 207 CORAL GABLES FL 33134	299 ALHAMBRA CIRCLE, SUITE 207 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/04/1984
3a. Date of Last Report: 09/27/1994
4. FEI Number: 59-2447046 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

9. Name and Address of Current Registered Agent

SMP GROUP, INC.
~~% MIGUEL GARCIA~~
299 ALHAMBRA CIRCLE, SUITE 207
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: SPM Group, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): C/O EDUARDO TORUNDO.
83: 299 Alhambra Circle Suite 207
84 City: Coral Gables FL 85 Zip Code: 33134.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 02/02/95
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	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	~~GUENTES, CARMEN~~	1.2 NAME	
STREET ADDRESS	~~17900 NW 68TH AVENUE~~	1.3 STREET ADDRESS	Delete
CITY-ST-ZIP	~~MIAMI FL 33015~~	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☒ Change ☐ Addition
NAME	~~BIDOT, JOYCE~~	2.2 NAME	
STREET ADDRESS	~~17900 NW 68TH AVENUE~~	2.3 STREET ADDRESS	Delete
CITY-ST-ZIP	~~MIAMI FL 33015~~	2.4 CITY-ST-ZIP	
TITLE	~~PD~~ TD	3.1 TITLE	☐ Change ☐ Addition
NAME	FALCON, YOLANDA	3.2 NAME	
STREET ADDRESS	17954 NW 68TH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE SD	☐ Change ☒ Addition
NAME		4.2 NAME	Emelia Peery
STREET ADDRESS		4.3 STREET ADDRESS	17914 NW 68th Ave.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33015
TITLE		5.1 TITLE P/D	☐ Change ☒ Addition
NAME		5.2 NAME	Victor H. Alvarez
STREET ADDRESS		5.3 STREET ADDRESS	17948 NW 68th Ave
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL 33015
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: [signature] Victor H. Alvarez 1/30/95 885-5693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007370